





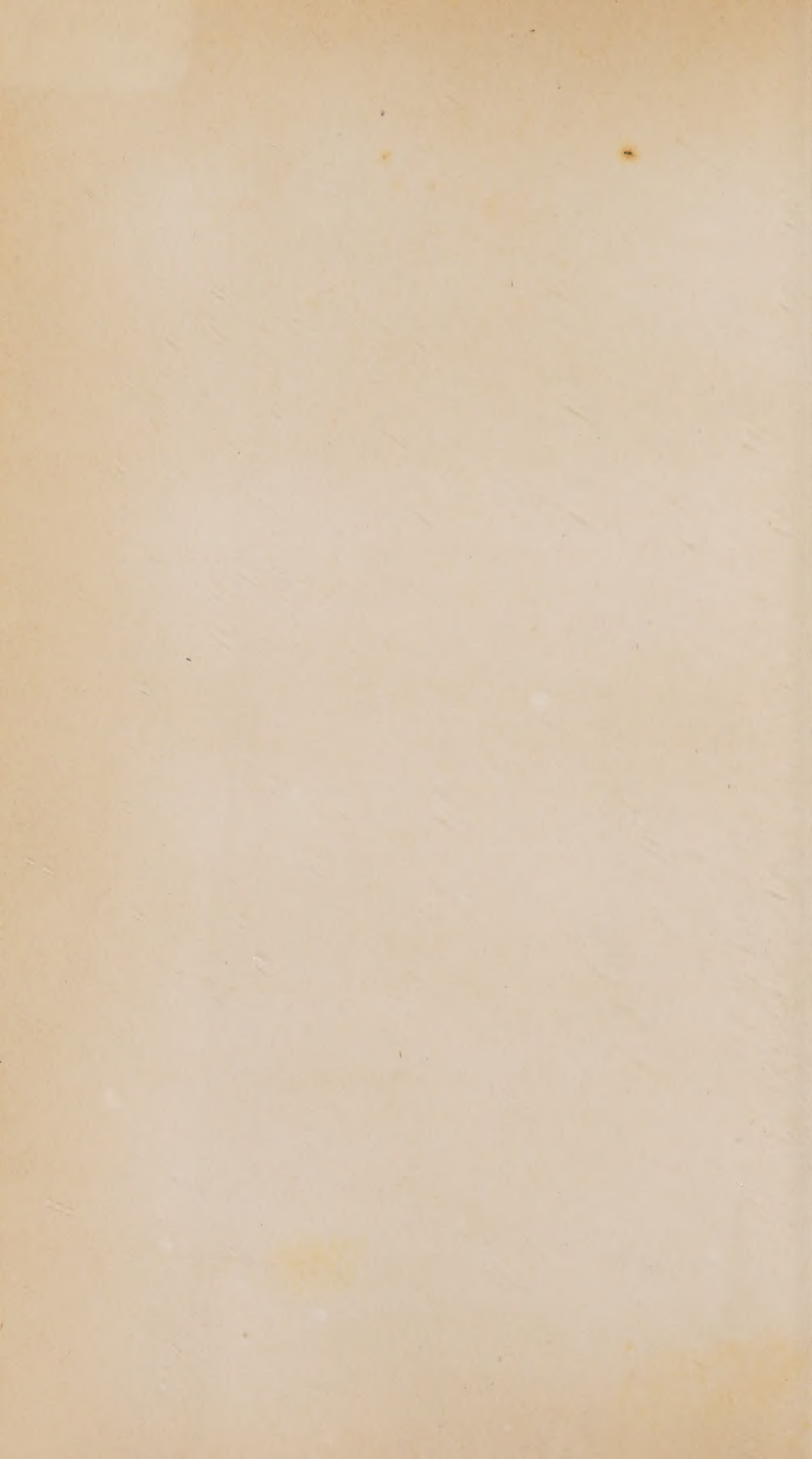




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OBSERVATIONS  
ON THE  
PRINCIPAL MEDICAL INSTITUTIONS  
AND  
PRACTICE  
OF  
FRANCE, ITALY, AND GERMANY;  
WITH  
NOTICES OF THE UNIVERSITIES AND CLIMATES;  
AND ILLUSTRATIVE CASES.

BY EDWIN LEE, M.R.C.S.

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PRIZE ESSAY ON THE OPERATIONS FOR STONE; THE  
BATHS OF GERMANY; A TREATISE ON SOME  
NERVOUS DISORDERS, &c.

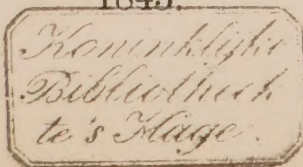
SECOND EDITION.

RE-WRITTEN AND CONSIDERABLY ENLARGED:

WITH  
A PARALLEL VIEW OF ENGLISH AND FOREIGN MEDICINE  
AND SURGERY.

LONDON:  
J. CHURCHILL, PRINCES STREET.

1843.



EDUCATION, Medical: Europe: 19 cent—

HOSPITALS: Europe: 19 cent—



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TO

ROBERT KEATE, ESQ.

SURGEON TO HER MAJESTY, AND TO THE QUEEN  
DOWAGER;

SENIOR SURGEON TO ST. GEORGE'S HOSPITAL, &c.

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MY DEAR SIR,

THE high position which you have so long and so deservedly occupied in the estimation of the profession in general, and of all who have the advantage of knowing you, would have prompted me to inscribe to you this work, were I not induced so to do, by the grateful remembrance of your unvaried kindness, as also of the advantages I derived from your instruction during my studies; and although I could wish the work to have been more worthy of being dedicated to you, I am yet happy to avail myself of this opportunity in offering a slight tribute of respect and esteem.

Believe me to remain,

Dear Sir,

Ever most faithfully yours,

THE AUTHOR.





## P R E F A C E.

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I HAVE availed myself of the opportunities afforded by my more recent continental travels, to make such alterations and additions in the work in the present edition, as had become necessary from the length of time which has elapsed since the publication of the former one, and to subjoin an account of other institutions which I had not previously visited, such as the French provincial hospitals, those in the south of Germany, and some in Italy, as also of the climates of several places. I have not deviated from the original plan of the work, which was to present a view of continental practice, the organization of medical institutions and studies, from my own observation and inquiries, without entering too much into detail with respect to particular methods of treatment, or into an examination of the published opinions of individuals whose names I have mentioned ; these being more within the province of the periodical press, than of a work like the present ; neither have I thought it necessary to extend the comparative

view of English and foreign medicine, as the work must thereby have been much enlarged, without giving a corresponding amount of information, the state of continental practice being now so much better known than a few years ago; and, moreover. I should have had to repeat statements already made when treating of the individual institutions. As it is now three or four years since I visited some of the places mentioned, it is probable that changes may have since occurred.

Animal magnetism and homœopathy, which formed the subject of the Appendix to the former edition, (which I believe was the first account of them published in England,) have since been published as a separate work, on account of the increased attention which they have attracted.

*Brighton, January, 1843.*



# P R E F A C E

TO

## T H E   F I R S T   E D I T I O N .

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THE present volume is intended to give the professional public a concise account of some of the principal Medical Institutions on the continent, deduced from personal observation at various periods within the last seven years, and will, I trust, be considered by those best qualified to judge, as presenting an impartial and not inaccurate sketch of the actual state of medical and surgical practice in France and Italy. Some cases, taken for the most part by myself, have been inserted to illustrate the method of treatment usually adopted, but much has been omitted, which from having been already published in the English language, would have increased the size of the book without making a proportionate addition to its usefulness. For the same reason, no mention is made of the French provincial hospitals in which the practice does not materially differ from that pursued in Paris, and of which, having only

visited some of them *en passant*, I could have recorded but mere statistical details of little interest.

During my visit to Italy last year, I found the state of medicine had undergone very little change since I published my *Observations on Italian Medical Institutions*, four years ago; the parts relating to Florence and Naples are consequently reprinted almost without alteration. The notes on German Institutions were taken during a tour this summer, and though less copious than those on the Parisian and Italian Institutions, may serve to convey some idea of the state of practice in that country.

Animal magnetism and homœopathy being of foreign origin, though not strictly connected with medicine, and the latter especially having recently attracted the notice of many persons, I have thought it not misplaced to give a brief account of them in an Appendix, which may tend to place the pretensions of their supporters in a proper light with the public.

I take the opportunity of expressing my grateful acknowledgment of the attentions and urbanity I experienced from the professors and medical attendants of the different institutions which I have visited; and beg to assure future travellers that on the continent generally, strangers meet with no impediment to their visiting charitable establishments, but on the contrary, every facility of investigation is afforded them.

EDWIN LEE.

*London,*  
*September 21, 1835.*



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# OBSERVATIONS,

&c.

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## PART I.

### FRENCH MEDICAL INSTITUTIONS.

THERE are in France three Facultés de Médecine, viz. at Paris, Strasbourg, and Montpellier; the two latter being much inferior, as schools, to the former, so that many of those who have there taken their degree, are not satisfied unless they likewise possess a Paris diploma. At most of the large provincial towns there are also secondary schools of medicine, where lectures on the various branches of the science are delivered, as preparatory to those which the students resident in these towns have subsequently to follow when they come to pursue their studies in the metropolis, or at either of the other Faculties. An inferior grade of practitioners, termed officiers de santé, who are restricted to practise in the smaller towns and villages, attend for the most part the courses of instruction at the secondary schools; and after having lived for six years with a Docteur en Chirurgie, or attended hospital practice during five years, they are eligible to undergo the examinations which authorize them to exercise their profession, viz. an examination on anatomy; one on the elements of medicine, and one on surgery and

pharmacy. The whole expense attending these examinations does not exceed two hundred francs. Officers de santé are prohibited the performance of important operations. No persons, with the above exception, are allowed to practise in France unless they possess a diploma of doctor of medicine, or doctor of surgery, from one of the faculties.\* Candidates for the diploma are required to have studied four years, during which period they have to take out an inscription every three months for attendance on the lectures and hospitals. Members of foreign colleges and universities may, however, present themselves for examination after two years' study in Paris. The scholar year begins on the first of November, and terminates on the thirty-first of August. The expense of the course of study required for taking a degree does not exceed a thousand francs. (40/.)

The following is the prescribed order of study :

First half-year—Anatomy, Physiology, Chemistry. Second—Medical Physics, Hygiene, Medical Natural History. Third—Anatomy, Physiology, Operative Surgery. Fourth—Hygiene, Medical Pathology, Pharmacy. Fifth—Operative Surgery, Medical and Surgical Pathology. Sixth—Clinical Medicine, Clinical Surgery, Materia Medica. Seventh—Clinical Medicine, Clinical Surgery, Medical Pathology. Eighth—Medical Jurisprudence, Therapeutics, Obstetricity.

The examinations for the diploma are made publicly, and are five in number. The first takes place after the fourth inscription has been taken out ; the second, after the twelfth inscription ; the other three take place at the termination of the course of study. An examination lasts two hours ; four candidates being questioned at a time by three examiners.

\* English medical men in France are, however, allowed to practise among their own countrymen.



Each examiner receives a salary of six thousand francs per annum. The examination fees are likewise divided amongst them—these amount to one hundred and fifty francs for each candidate.

The subjects of the first examination are, Natural History, Physics, Medical Chemistry, Pharmacology. Of the second, Anatomy and Physiology. Third—General Pathology, Medical and Surgical Pathology. Fourth—Medical Jurisprudence, Hygiene, Materia Medica, and Therapeutics. Fifth—Clinical Medicine and Surgery, Operative Surgery, and Obstetricity.

For the anatomical examination, the candidate is required to dissect and prepare a part of the body which is indicated to him on the same morning, and to answer the questions proposed to him relative to the preparation. Candidates have also to write and defend a thesis on some points of medicine or surgery. The clinical examinations take place in the clinical hospital at the bedside of patients.

The Ecole de Médecine is a handsome edifice occupying the whole of one side of the place of the same name, and enclosing a spacious court-yard. The central portion consists of the amphitheatre, perhaps the finest of the kind in Europe, and capable of containing an audience of fifteen hundred persons. The building likewise contains, on the first floor, the museum, the library, and cabinets of botany, materia medica, and surgical instruments. The museum is small, and is but indifferently furnished with anatomical and pathological preparations. The wax models are inferior to those at Florence and Bologna. The cabinet of pathological wax models is however interesting, and contains several good illustrations of malformation and rare cases. The library is provided with an extensive collection of books and plates on medicine, surgery, and the accessory sciences: it is open daily for the convenience of students. The lectures on the various branches

of professional education are delivered by the professors in the amphitheatre, to which strangers are allowed free admission. Botanical lectures are delivered in the theatre of the Jardin des Plantes.

Opposite to the Ecole de Médecine is the handsome new clinical hospital, containing one hundred and fifty beds, for the purposes of instruction, lectures being delivered by the professors at the bedside of the patients. Rostan superintends the medical department, Cloquet the surgical, and Dubois the obstetrical.

There are two establishments for the teaching of practical anatomy and operative surgery upon the dead body; viz. the Ecole Pratique, close to the Ecole de Médecine, and Clamart, near the Jardin des Plantes. The Ecole Pratique was instituted for promoting a spirit of emulation among the students. The number of pupils is restricted to one hundred and twenty, who are elected by *concours* or public competition, and are divided into three classes; viz. those of the first year, of the second and third years. Examinations frequently take place, and prizes are distributed. Pupils of the Ecole Pratique are eligible to the offices of anatomical demonstrator and assistant demonstrator, which are also determined by *concours*. Demonstrators hold their appointment for a year, and receive each a salary of twelve hundred francs. The same person may be re-elected for three successive years. The dissecting-rooms are airy and commodious, though sufficient attention is not paid to cleanliness. They are supplied with subjects from the hospitals. The facilities for the study of practical anatomy are very great, and on this account Paris was formerly annually resorted to by numbers of students from England and Germany; but since the better provision which has been made in England for the prosecution of anatomical studies, the number of British students has much declined. These facilities have, however, some

disadvantage in the inducement they offer to students to hurry through their dissection in a careless manner. A cause of the greater neatness of dissection observed in the English schools is doubtless to be ascribed to the comparative scarcity of bodies.

Close to the dissecting-rooms is the pathological museum Dupuytren, (this great surgeon having bequeathed 200,000 francs for its foundation,) to which considerable additions are every year being made. The preparations are arranged under the superintendence of Professor Cruveilhier, according to the method which he has adopted in his great work. Before Dupuytren's death, there was no pathological museum at Paris. The museum is opened daily to students, and on stated days to the public.

The anatomical school of Clamart, though distant from most of the hospitals, is much more convenient for dissecting; the rooms being larger, cleaner, and less crowded than those of the *Ecole Pratique*, and diverge from a central piece of ground planted with trees and flowers. An anatomical museum has been formed at Clamart within the last few years, and lectures are daily delivered during the season. The private lectures and demonstrations on operative surgery here and at the *Ecole Pratique* are exceedingly useful and instructive, and are given for the most part by agrégés of the faculty, and young hospital surgeons, on the termination of the anatomical courses. Each pupil performs the leading operations twice, or oftener, upon the dead body, under the superintendence of the demonstrator. About five thousand bodies are distributed annually at Clamart and the *Ecole Pratique*.

The following are the actual professors of the Faculty of Paris: Dean—Orfila. Anatomy—Breschet. Medical Chemistry—Orfila. Medical Juris-



prudence—Adelon. Surgical Pathology—Gerdy Marjolin. Special Pathology—Piorry. General Pathology and Therapeutics—Andral. Pathological Anatomy—Cruveilhier. Physiology—Berard. Hygiene—Royer-Collard. Obstetrics—Moreau. Pharmacology and Chemistry—Dumas. Special Therapeutics—Trousseau. Clinical lectures are delivered at the hospital after the visit, daily, by the following professors: Medicine—Fouquier and Bouillaud, at la Charité; Chomel, at the Hotel Dieu;—Rostan at the Clinical Hospital. Surgery—Roux, at Hotel Dieu; Velpeau, La Charité; Sanson Lisfranc. La Pitié; Cloquet, in Clinical Hospital. Midwifery—P. Dubois, in the Clinical Hospital.

Private courses of lectures are given on various branches of medicine by the extraordinary professors, agrégés, and others.

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## PARISIAN HOSPITALS, &c.

The establishments for the relief of the sick and infirm poor are on a more extensive scale in Paris than in any other metropolis. Upwards of fifteen thousand beds are occupied in the various hospices and hospitals; forty-seven thousand patients are on an average annually received into the hospitals, and nineteen thousand old and infirm paupers into the hospices or asylums. The annual revenues of these establishments, amounting from ten to twelve millions of francs, are mostly derived from property upon lease, gifts and bequests, a share of the entrance duties upon imposts, of receipts at the theatres, and of the profits from the Mont de Pitié, an establishment for the loan of money upon pledges. The annual expenditure exceeds six millions, exclusive of that of the Bureaux for rendering assistance at the houses of poor people.

These institutions are under the superintendence of government, and are directed by a *conseil-général*, under which is an *administrateur* charged with the executive power. At the head of each establishment is placed a chief or director, by whom its interior economy is regulated, and to whose authority all the persons employed are subject.\* The directors receive each a salary of from three to four thousand francs per annum. The officinal medicinal preparations employed in the hospitals, are prepared at a general or central pharmacie. The physicians' prescriptions are, however, made up in each hospital. The bread with which the inmates of the hospitals and hospices are supplied, is likewise made in a separate establishment.

The council has a central office, at which twelve physicians and six surgeons preside: these are elected by *concours*, or public competition, as are likewise the professors of the faculty. Patients obtain medical advice and relief on application at the central office; where also those who wish to enter an hospital procure tickets of admission.

Hospital visits are regularly made daily at an early hour, and during the visit most of the physicians and surgeons avail themselves of the opportunities afforded for imparting clinical information. Acute cases of disease are minutely examined, and the daily progress of each case is noted down. After the visit, the professors of the faculty and some others give clinical lectures, and see out-patients, so that the time devoted by them to the hospital and to private instruction is from three to four hours every morning. Hospital physicians and surgeons are appointed by the administrative council, which chooses them in preference, but not exclusively, from among the members of the central office. They are assisted in these duties by numerous *internes* and *externes*: the

\* *Formulaire des Hôpitaux*, par Edwards et Vavasour.

duties of an *interne* are similar to that of house-physician or surgeon in England. They are nominated by *concours*, and hold the appointment for two years, and (which is usually the case) may be re-elected for two years more. They are lodged in the hospital, and receive a salary of four hundred francs the first year, five hundred the subsequent years. The *externes* are also elected by *concours* for a period of three years; *they* are subordinate to the *internes*, and perform the duties of dressers, but do not reside in the house. Each professor is also attended in his visit by a student of pharmacy, who takes note of the remedies prescribed, and sees that they are properly prepared.

In the hospitals containing the cliniques of the Faculty, there is likewise attached to each professor a *chef de clinique*, whose duty more especially consists in taking notes of the cases and in making post-mortem examinations. The charge of the patients devolves upon him in the absence of professors from sickness or other cause. The *chefs de clinique* are appointed by the Dean, on the proposition of the faculty, and are for the most part pupils who have distinguished themselves in the hospitals or in the *Ecole Pratique*. They hold the appointment for four years, are lodged, and receive five hundred francs per annum.

The more immediate attendance upon the sick is given by the *sœurs de la charité*, a sisterhood who pass great part or the whole of their lives in this benevolent occupation. They are, however, not bound by vows; and it sometimes occurs that a *sœur de charité* marries after having devoted some years to tending the sick: male and female attendants, termed *infirmiers*, acting under the orders of the sisters, perform the more laborious duties.



## HÔTEL DIEU.

This, the most ancient and the largest of the Parisian hospitals, is built on one of the branches of the Seine close to the cathedral of Notre Dame. The two portions of the building are united by a wide covered bridge, where patients are allowed to walk. The number of beds is about one thousand, though it is seldom that more than eight hundred or nine hundred are occupied; the great majority by physicians' patients labouring under acute diseases, not more than two hundred and twenty beds being appropriated to the surgical cases. The wards are large, clean, and though not lofty, are pretty well ventilated. Attached to each bed is a statement of the period of admission, age, occupation, &c. of its occupant. Three surgeons and ten physicians, assisted by two *chefs de clinique* and several *internes* and *externes*, perform the professional duties, and make their visits every morning from six to nine: operations are performed, clinical lectures delivered, and out-patients are seen, in the large amphitheatre. The average mortality is large: of 16,992 patients admitted in 1833, 1,783 died. This circumstance is in great measure ascribed to the unhealthiness of situation, in being built over the river, and to the occasionally crowded state of the wards. In former times the mortality was immense, from the impure and deficient air occasioned by four or even six patients not unfrequently occupying the same bed; and hospital gangrene was extremely common, though now scarcely ever met with. On the other hand, inflammatory complaints are at the present day more frequent than formerly.

The present surgeons of the Hôtel Dieu are MM. Roux, Breschet, and Blandin. In M. Dupuytren, for many years the principal surgeon of this hospital, were presented a tact and quickness in seizing indications of treatment, joined to a precision of diagnosis, and a dexterity in the perform-

ance of operations rarely met with. By his genius, the pathology of several diseases, formerly but little understood, was elucidated, and the advantages of many improved methods of treating surgical disease which he employed, have, since his death, become more manifest. Although a knowledge of the opinions of this celebrated professor is pretty extensively diffused by the publication of his *Leçons Orales*, yet the following brief sketch of his views on some important diseases, may prove acceptable to those who have been debarred from a perusal of his work.

The nervous or traumatic delirium, which frequently supervenes on accidents and operations, and which, like delirium tremens, is marked by insomnia, continual restlessness, and absence of fever, was treated by M. Dupuytren by enemata of a small quantity of mucilaginous liquid, containing from six to twenty drops of laudanum, repeated three or four times, if the symptoms persisted, at intervals of six hours. This small quantity of laudanum, so administered, produces a more marked effect than three times as much taken by the mouth, and seldom fails to induce sleep, after the failure of other means. This kind of delirium leaves no traces of its existence after death: it most usually occurs in men of a nervous habit, and occasionally in women, but has not been observed in children.

Wounds of arteries, if recent, are best treated by placing a ligature on the vessel between the wounded part and the heart. The only exception to this rule is when the artery is wounded near the extremity of a limb; in which case, in consequence of its free communication with inosculating branches, it is requisite to place a ligature both above and below the wounded part. A similar proceeding is required when the lesion of the vessel is of long standing, as the edges of the wound are then incapable of adhesion.

Gonorrhœal ophthalmia mostly occurs from inoculation, but may supervene on suppression of the urethral discharge, especially if the patient have been at the same time exposed to cold, or other exciting causes of ophthalmia. It should be treated by general and local depletion, revulsives, and emollient lotions. These measures are, however, insufficient, unless combined with the insufflation of a pinch of finely-levigated calomel, upon the ocular and palpebral conjunctiva, once or twice a day. One or two drops of laudanum should also be dropped between the eyelids in the evening. The purulent ophthalmia of infants is essentially the same disease, and should be treated in a similar manner. Strumous ophthalmia was considered by M. Dupuytren to depend on inflammation of the retina, and was treated by the internal administration of belladonna, combined with other means indicated by the symptoms. From three to eight grains of the powder, or from one to three grains of the extract of belladonna, were divided into six doses: the patient took one of these every two hours; to prevent narcotism, either general or local, Seltzer water was usually administered at the same time.

Gangrena senilis is not, as its name would imply, restricted to old persons. M. Dupuytren has termed the disease *Gangrène symptomatique*, believing it to depend upon inflammation and consequent obliteration of the arteries of the limb,—ossification of the vessels, to which it was formerly ascribed, being only an accidental coincidence,—the treatment consisted in venesection, repeated according to the urgency of the symptoms, low diet, cooling beverage, opium, and other sedatives, with emollient cataplasms, to the affected part. By this treatment the average mortality is said to be as one to four. Previous to amputating a part affected with long standing disease, M. Dupuytren frequently established suppu-



ration by means of blisters on some distant point. It was also his practice, after amputations, to wait an hour, sometimes longer, before dressing the stump: by this plan union by the first intention took place more readily, and the likelihood of hemorrhage was diminished.

In prolapsus ani, M. Dupuytren excised two, three, or more folds of the skin on the margin of the anus, on either side. A similar operation was recommended by Mr. Hey. No dressing is required, and the recurrence of the disease is effectually prevented.

Fissures at the margin of the anus may be divided into three kinds:—1st, those external to the sphincter, which are not very painful, and do not occasion spasmodic contraction; 2nd, those situated within the sphincter, affecting principally the mucous membrane—this kind causes tenesmus, and great pain, especially on the patient's going to stool; 3rd, those placed on the same level as the sphincter, are more serious and painful than the other kinds, which may generally be cured by simple dressings, emollient lotions, and sedative applications; whereas this variety requires the division of the sphincter on the fissure. M. Dupuytren was in the habit of prescribing an ointment composed of extract of belladonna and acetate of lead, of each a dram, to an ounce of lard, for alleviating the pain in these diseases.

M. Dupuytren preferred excision to the ligature for the removal of uterine polypi, in consequence of the greater facility with which the former is effected, and the few inconveniences it occasions when compared with the latter method. The patient being placed in the same position as for lithotomy, a speculum is introduced into the vagina, so as to exhibit the tumour, which is then seized with a strong four-hooked tenaculum, with long handles, (*pince de museaux*,) and gradually brought down



through the inferior orifice of the vagina, the patient being recommended during the traction to strain as if in labour: on the division of the pedicle, the uterus immediately regains its usual situation. The operation is not in general very painful, and bleeding to any extent very rarely occurs.

M. Roux is justly considered as one of the most expert operators in Europe, and is the author of several works and memoirs on various points of surgery: he has simplified and facilitated the performance of some operations formerly but seldom undertaken, on account of the difficulties which they presented, as staphylography, perineoraphy, &c. His manner towards patients is kind and considerate. M. Roux, however, in common with the majority of French surgeons, has seldom recourse to medicine in the treatment of surgical disease; hence, in my opinion, the greater number of operations, and the greater mortality among the operated in Parisian than in British hospitals. During the periods of my attendance in his wards, several interesting cases have fallen under my observation, a few of which I have recorded, as serving to illustrate his practice. Among others, was a fracture of the neck of the thigh bone, in a female aged seventy, in which the double inclined plane was employed. Although M. Roux believes that this fracture unites by bone, yet in this instance, on account of the age of the patient, he contented himself with keeping the limb at rest until the pain and swelling subsided, after which she was allowed to get about on crutches, as recommended in similar cases by Sir A. Cooper. In fractures of the leg the limb is placed in the extended position, the ordinary apparatus, viz. the many-tailed bandage, and a junk, formed by a broad piece of linen cloth, passing beneath, and enclosing narrow lateral splints, which are approximated to the limb, and fixed by tape bands; long compresses, or bags filled with chaff of oats, being placed within

them, to prevent undue pressure. M. Roux (and indeed most of the Parisian surgeons) applies the dressings himself in important cases, and especially excels in the application of bandages. Dressings are for the most part simple ; a linen rag, perforated with holes, and smeared with cerate, is applied to suppurating wounds, over this charpie, to absorb the matter, unless when this is too abundant, or the state of the wound requires it ; in which cases poultices are employed. M. Roux prefers lithotomy in cases of stone, using the gorget, or bistouri caché. In fistula ani he excises the fistulous tract, after division of the sphincter : considering that this method prevents the recurrence of the disease. He operates cataract exclusively by extraction, and only at stated seasons. One of the last operations which I had an opportunity of seeing M. Roux perform, was for a carcinomatous tumour of the tongue, seated near its root. As the part could not be reached by the mouth, the soft parts were divided beneath the lower jaw, by incisions extending laterally along the bone, and the tongue with the tumour drawn out beneath with the *pincers de museaux*. The diseased portion was then excised, and the wound was closed by sutures. The patient lost a good deal of blood, and fainted during the operation ; he did not survive more than three days. A similar operation was performed with success by the professor of surgery at Pisa, Regnoli, which induced M. Roux to adopt it in this instance.

M. Breschet, professor of anatomy, is extensively known by his researches on various points of anatomy and surgical pathology. His method for the cure of varicocele, by compression of the veins, variously modified, was pretty generally adopted ; but many practitioners now prefer the ligature of the vein, without implicating the skin, which method scarcely admits of description, without the operation being at the same time demonstrated.

M. Blandin, *chef des travaux anatomiques* of the Faculty, is one of the most justly esteemed surgeons of Paris, and is known in England by his "Anatomie des Regions," as well as by other practical works. He has especially directed his attention to autoplasmic operations, in which he is very successful.

Of the physicians of the Hotel Dieu, the visits and clinical lectures of Professor Chomel are the most numerous attended. His private practice is likewise very extensive. The examination of patients by M. Chomel, though minute, is not unnecessarily tedious and fatiguing, as is the case with some of his confrères. In all cases which admit of their application, he employs auscultation and percussion, and his diagnosis is mostly accurate. The opinions of M. Chomel were always opposed to the doctrines of Broussais with reference to the essentiality of fevers. He divided the appearances met with on dissection in cases of typhoid fevers, into two kinds. First, those proper to the disease, and almost constantly met with, viz. enlargement and ulceration of the follicular glands of the small intestines, more especially at their termination. These he always regarded not as a cause, but as a consequence of the disease, and observed, that the extent of the lesion was by no means proportioned to the intensity of the symptoms; the second kind of morbid appearance as inflammations of mucous membranes, or of parenchymatous viscera, being of an accidental nature, and met with in many other diseases. An account of the cases of fever treated by M. Chomel was published a few years ago, and may be read with much advantage. The treatment consists in moderate abstraction of blood in the first period, mucilaginous and diluent drinks, lavements and baths, to which in many cases chloruret of sodium was added. In the more advanced stages, where there existed great prostration of strength



and stupor, recourse is frequently had to blisters to the calf of the leg, nourishing broth, wine, and decoction of bark, exhibited both by the mouth and *per anum*.

On perusing these cases, two circumstances will especially attract attention; the infrequency of the employment of laxatives, notwithstanding the amelioration that followed their occasional exhibition, and the constant aggravation of the symptoms, and the frequent fatal termination of those cases in which venesection was practised after the sixth or eighth day from the invasion of the disease.

In M. Chomel's wards, affections of the heart supervene upon acute rheumatism in about one fourth of the cases. Of fifty-five cases of pneumonia, ten died. Inflammation, according to M Chomel, affects more frequently the right than the left lung, and it is then more dangerous. The treatment pursued in these cases consisted in venesection once in seventeen patients, twice in twenty-six patients, three times in eleven patients, and four times in one case,—in the exhibition of emollient drinks, and laxatives,—tartarized antimony, in doses which never exceeded twelve grains in the twenty-four hours. Blisters were only employed subsequent to the abstraction of blood. Opium, in large doses, was always found useful when much pain was present.\*

M. Louis is well known to the profession in Great Britain as one of the most distinguished pathologists in Europe, and as the principal originator of the numerical or statistical method as applied to disease, of which I have to speak further on. He is minute in his examination of patients, especially by means of auscultation and percussion; his diagnosis is generally very correct. His opinions were opposed to those of the Broussaists, as regards fevers. In his treatment of acute disease, he does

\* Das Medicinische Paris; von Dr. Otterburg, Carlsruhe, 1841.



not carry sanguineous depletion to the extent of some Parisian physicians, but employs more freely medicines which act upon the skin, kidneys, and bowels, as saline aperients and antimonials. His memoir on the effects of bleeding in inflammatory disease, published a few years ago, fully exposes his views on this subject, and merits attentive perusal. In thoracic inflammation especially, he has found large doses of tartarized antimony, after bleeding, highly serviceable: this remedy, joined to counter-irritation on the surface of the chest, obviates the necessity of extensive depletion in most instances. In fever he does not use energetic antiphlogistic measures, but treats the disease by diluents and laxatives, the Sedlitz water being the aperient which he prefers. M. Louis's opinions with respect to phthisis are pretty extensively known in England, from his standard work on the subject. He differs in some particulars from Sir J. Clark, especially with reference to the frequency of the inflammatory origin and nature of the disease. A case illustrative of M. Louis's treatment of pleuro-pneumonia is subjoined.\*

The visits of M. Magendie, whose labours as a physiologist, and in the application of several new remedies, are fully appreciated in England, are but thinly attended by pupils. In the treatment of several diseases he sometimes employs the remedies described in his *Formulaire*; but in the generality of cases, however, his treatment is exceedingly simple. He is not an advocate for abstraction of blood, or other energetic measures, except in cases of high inflammation.

M. Recamier, the oldest physician of the Hotel Dieu, is not very regular in his attendance, and the charge of his patients devolves principally upon M. Trousseau, who enjoys a high reputation as a practical physician. M. Recamier made experi-

\* M. Louis has lately been transferred to the Hôpital Beaujon.

ments some years ago on the treatment of scirrhus and cancer by methodical compression, and published in a separate work the result of his observations. This method was also tried in some other hospitals, but is now fallen into disuse, and there is no doubt that most of the cases cured were merely simple chronic tumour. One case of this kind, which was considered as scirrhus, and was treated by this method, fell under my observation when formerly in Paris. The patient was under thirty years of age, and the diagnostic signs of this disease were absent. Compression, however, mostly procures a speedy diminution in the size of tumours, in consequence of the condensation of the cellular texture, and absorption of their less solid parts; but in those of a carcinomatous nature, the diminution does not continue beyond a certain point, and the tumour again increases in size when the compression is discontinued.

#### LA CHARITÉ.

This hospital, situate in the Rue Jacob, a healthy and airy part of Paris, is a large unfinished building enclosing spacious court-yards, and is likewise appropriated to the reception of patients labouring under acute and surgical diseases. The wards are long, tolerably well ventilated, and contain from four hundred and fifty to five hundred beds. The hospital is much resorted to by out-patients with cutaneous disease, on account of the aromatic sulphur, fumigating, and vapour baths, with which it is provided. The professional duties are performed by five physicians and two surgeons. Operations are less frequently performed than at the Hotel Dieu. The average mortality among the physicians' patients has been latterly about one in nine.

M. Velpeau, professor of clinical surgery, owes

his present high position entirely to his own talents and exertions, which have enabled him to overcome the difficulties by which his earlier career was beset, and is now the surgeon whose visits and lectures are most numerous attended. The large and valuable works which he has published on surgical anatomy, operative surgery, obstetricity, &c., are a lasting testimony of his indefatigable zeal and sound judgment; and without being led away by every novelty, M. Velpeau has ever shown himself willing to put to trial the suggestions of others, when consonant with sound sense, and likely to prove beneficial. Thus the *appareil inamovible*, for the treatment of fractures of the extremities, which was formerly used by Baron Larrey in a too exclusive manner, and was almost entirely restricted to his hospital has, since the improved methods proposed by Seutin, become very general. M. Velpeau having been the first to employ it extensively, now adopts it in all simple cases. A bandage being rolled round the limb, is moistened with a thick solution of starch or dextrine; wetted pasteboard splints, which adapt themselves to the form of the part, are then applied, and maintained firm by the bandage being rolled over them; the starch solution being at the same time freely laid on by an assistant with a painter's brush. This dries, the limb is incased in a solid apparatus, which after a time, from the shrinking of the soft parts, becomes loose, and requires to be re-applied once or twice before consolidation of the bone is effected. It is of course understood, that the *appareil* is not to be applied till the subsidence of inflammatory symptoms, which may be present immediately after the accident, nor if there be considerable swelling from extravasation or other cause. The great advantage of this method is in fractures of the leg; patients being enabled to get about with crutches a few days after the accident, instead of being confined to their bed five or six weeks, as by the ordi-



nary mode of treatment. The same object is attained by the apparatus of Amesbury, which I employed in several cases during my house-surgeoncy at St. George's Hospital, (the patients recovering more rapidly than those who were kept in bed;) but which is too complicated, and requires too much continued attention to come into general use; whereas the starched bandages and pasteboard splints can always be procured at a short notice, and require no particular skill in their application. This method has also been adopted in the Brighton hospital. Fissures at the margin of the anus, when superficial, are treated locally by M. Velpeau by emollient applications, or the occasional passage of a bougie smeared with an ointment composed of  $\mathfrak{z}\text{i}$  of white precipitate to  $\mathfrak{z}\text{i}$  lard, the bowels being kept open by laxatives. When these measures fail, M. Velpeau cauterises the whole surface of the fissure every three or four days with lunar caustic, in addition to the above treatment. When there exists energetic contract of the sphincter, or other complication rendering an operation necessary, M. Velpeau divides the whole thickness of the muscle upon the fissure, and subsequently keeps a bougie for some time in the rectum. In some cases, excision of the fissure, by dividing it along the centre, and removing the membrane on either side by scissors, supersedes the necessity of the division of the sphincter. As an injection for hydrocele, M. Velpeau employs diluted tincture of iodine in the proportion of  $\mathfrak{z}\text{i}$  to  $\mathfrak{z}\text{i}$  of water. This has the advantage of not causing too high a degree of inflammation, and if any be extravasated in the cellular texture, does not produce serious inconveniences. M. Velpeau employs the method of treating varicose veins by passing one or more pins beneath the vein, and obliterating it by the pressure caused by twisting a ligature about the pin, as in the operation for hare-lip. It is seldom that any unfavourable symptoms supervene. Orchitis, when the in-



flammation is not acute, is treated by compression methodically applied by strips of plaster upon linen around the testicle. In inflammation of joints, M. Velpeau is in the habit of employing with success large blisters, which occupy a considerable extent of surface either over the joint or in its neighbourhood. In some cases, he prefers amputations in the articulations of the knee and elbow, and within the last two years has, in common with some other Parisian surgeons, amputated the leg in several instances a little above the ankle, when disease of this joint, or injury of the foot, has necessitated the operation, the patient being afterwards supplied with an artificial foot. The mode of dressing stumps, and the application of a large quantity of charpie, which has been repeatedly found fault with by strangers visiting Paris, is still continued; but more attention is paid than formerly to the general treatment after operations and accidents. In conjunctival and corneal inflammation, with opacity and ulceration, M. Velpeau freely employs the solution of nitrate of silver, sometimes in very strong doses. This solution, which is well adapted to remedy the more chronic forms, is calculated to do much harm by its indiscriminate employment in the more acute and recent cases, which are for the most part more speedily and surely curable by an antiphlogistic and general treatment, than by stimulating local applications.

From November 1835 to November 1836, there were fifty-four cases of amputation of various parts in M. Velpeau's wards: of these, ten patients died. They comprised seventeen extirpations of the breast, several resections of extremities of bones, two amputations of the thigh, of which one died; six of the leg, of which two died; one, however, of these was admitted with a complication of internal injuries; some amputations of the fingers, of which the majority died—these operations, according to M. Velpeau, being frequently more dangerous than the

removal of a limb, from subsequent inflammation and resorption of purulent matter. It is, however, obvious, that in these cases the after-treatment must have the greatest influence on the results.

A few cases which I have added, will still further serve to illustrate M. Velpeau's practice.

M. Gerdy ranks high among his professional brethren, both as a practical surgeon, and on account of his published works on anatomy and surgery. His hospital visits are usually very fully attended, inasmuch as he omits no opportunity of making clinical remarks on the more interesting cases of his wards, from which great advantage may be derived. He has for many years paid particular attention to the methodical application of bandages and dressing, and formerly published a work on the subject. M. Gerdy treats chronic ulcers of the legs by adhesive strapping and bandage; each strap of plaster being sufficiently long to encircle the limb twice; the middle portion being first applied to the part of the limb opposite the ulcer. Paralysis of the bladder he treats by the application of blisters, on the surface of which powdered camphor is sprinkled, to the hypogastric region. This has been found eminently serviceable in those cases where, from overfulness, or from want of tone of the sphincter vesicæ, the urine passes away involuntarily. Hydrocele is treated by injection of solution of alum. M. Gerdy is not an advocate for the internal exhibition of medicine in surgical diseases, probably because, in common with many others of his countrymen, he has had but little opportunity of witnessing its beneficial effects when properly employed.

Professor Andral is most highly and deservedly popular among his professional brethren, and his lectures are always thronged with pupils. The labours of this distinguished physician and pathologist are too well known and fully appreciated in England, to render it necessary that I should here dilate upon

them. His manner in examining patients is kind, though the examination is minute and searching, and his treatment is, perhaps, more than that of any other Parisian practitioner, free from exclusiveness, and guided by the rational indications in individual cases. M. Andral has latterly minutely investigated the alterations of the blood and secretions in disease; his observations on this subject having been published in the *Gazette Medicale*, and will tend in many instances to modify the treatment formerly pursued. English medical students in Paris may learn more from attendance on M. Andral's hospital practice, than that of any other physician. The visitor will also derive great advantage from attending the practice of M. Bouillaud, professor of clinical medicine, and the author of several highly-esteemed works. His treatise on diseases of the heart tended especially to increase his reputation, and has thrown great light upon these diseases, though the functional affections of this organ are not treated of with the amplitude or with the degree of attention which their importance deserves. M. Bouillaud is sometimes sharp and caustic in his manner, not unfrequently ridiculing opinions which are opposed to his own. He was one of the most zealous supporters of the *médecine physiologique*, considering typhoid fevers to depend upon an inflammatory condition of the intestinal canal, combined with a vitiated state of the blood and secretions, and consequently treated them as other inflammatory diseases, by rapidly repeated venesection, (*coup sur coup*,) and cupping the abdomen, with subsequent applications of poultices, combined with the exhibition of diluent or emollient drinks, and in some cases with the chloruret of sodium, administered internally as well as in baths, together with blisters to the extremities in an advanced period of the disease. Notwithstanding the favourable reports which were published on the method of



treatment by bleeding *coup sur coup*, it has not been adopted by others; and the cases which fell under my observation in M. Bouillaud's wards, did not leave a favourable impression of it on my mind, as those which recovered were slight cases, which would probably not have been confined long to their bed under another mode of treatment. I have added a case where the termination was unfavourable, the patient becoming progressively worse from the time of his admission.

According to a published report, twenty-six cases of pleuro-pneumonia were admitted during the clinical course of five months—most of them on the third or fourth day from the commencement of the attack, and in various stages of the disease: the usual treatment consisting in repeated venesection at short intervals, with at the same time the abstraction of blood from the chest, by cupping or leeches. On an average, each patient was bled four times, cupped twice, and had twenty-four leeches applied; in about half the number of cases, blisters were also employed; in one case a purgative was given. Of these patients two only died, twenty-three having been cured before the fourteenth day. According to another statistical account of fifty-seven patients with pneumonia, the number of venesections was two hundred and thirty, eleven hundred and fifty-one leeches were applied, and cupping employed fifty-two times; the whole amount of blood thus taken amounting to two hundred and fifty-nine pounds, or four pounds ten ounces on an average to each case. Of these, according to M. Bouillaud, fifty-one were cured; several between the third and seventh day.

Acute rheumatism is treated by M. Bouillaud by the general and local abstraction of blood: opiates, or Dover's powder, blisters, mercurial friction, and compression, employed according to circumstances. The pericardial inflammation which so frequently



ensues upon rheumatism, is regarded by M. Bouillaud as an essential part of the disease. He is of opinion, that in most cases of acute rheumatism, auscultation will furnish evidence of disordered action of the heart from this cause; the pericardium being very analogous in structure and function with the synovial membranes of joints, is liable to be similarly affected by disease.

M. Rayer, physician to the king, and well known to the profession in Europe formerly by his work on cutaneous diseases, and more recently by his work on diseases of the kidneys, is also one of the physicians to this hospital, and one of the most justly esteemed practitioners of the capital. His practice is not exclusive, but modified according to circumstances, and is in general very successful. When no special indication for active treatment exists, he usually contents himself with prescribing sweetened gum water, or the water of Contrexeville, or of some other slightly mineralised source. The existence of glanders in man, which was formerly questioned, was verified in the practice of M. Rayer, who published an account of this disease in the *Bulletin de l'Academie de Médecine*, for 1837.

M. Fouquier, professor of medical clinique, likewise physician to the king, has for many years been attached to La Charité, and is one of those whose opinions were opposed to the Broussaian doctrine of fevers. His practice is for the most part eclectic, trusting to expectation in acute disease, when there appears no special indications for active treatment. The diagnosis of M. Fouquier is generally accurate. He was one of the first practitioners who employed the nux vomica in paralytic affections, and also the plumbi acetate, as a means of arresting the profuse perspirations in phthisical cases. His clinical lectures are highly esteemed by students, and are delivered at the bed-side of patients.

M. Cruveilhier, whose great works on general

and pathological anatomy have gained him the highest reputation in the scientific world, is likewise a sound practitioner, and his hospital visits are generally pretty well attended by pupils, who derive advantage from his clinical remarks on the more interesting cases.

#### LA PITIÉ.

The hospital of Nôtre Dame de la Pitié occupies a considerable space of ground in an open part of the town, near the Jardin des Plantes. The different portions of the building enclose courts, laid out as a garden, for the benefit of those patients who are able to walk about. The wards are smaller than those of La Charité, but are airy and clean. There are five physicians, and two surgeons. The number of beds amounts to six hundred, of which one hundred and thirty-five are for surgical patients. The mortality is said to be less at La Pitié than at any of the other Paris hospitals; which circumstance is no doubt partly attributable to its airy situation.

M. Lisfranc is the principal surgeon, and is well known in Europe by the numerous improvements he effected in operative surgery; but of late years he has endeavoured to impress upon the minds of those who attend his practice, the importance of preventing occasions of operating, by having recourse, at an early period, to constitutional measures, combined with local treatment. His employment of internal remedies, however, falls far short of the English practice in surgical diseases: he does not, like some others, adopt exclusive and invariable methods of treatment in particular diseases, but being aware that the same disease not unfrequently requires a different, and sometimes an opposite, mode of treatment in different individuals, he varies his practice according to the condition of the

patient, and to existing circumstances, and is very successful in the results which he obtains. M. Lisfranc has charge of two men's and one women's wards, a large proportion of cases in the latter being marked as disease of the uterus; many of these patients are, however, young women affected with superficial erosion of the os tincæ, and other slight affections, which are curable by a few days' rest, and appropriate treatment: the means resorted to in uterine irritation, ulceration, hypertrophy, and other affections of this organ, being chiefly confinement to the recumbent position, occasional venesection to the extent of three or four ounces on the principle of revulsion, small doses of cicuta; and in ulcerations, cauterization every six or eight days, with nitrate of silver, and in some cases with a solution of mercury in nitric acid—*nitrate acide de mercure*. It scarcely ever happens at present that M. Lisfranc has recourse to excision of the cervix; as, according to his account, patients now apply at an earlier period for relief, and consequently many cases, in which amputation was formerly required, are cured by other means. In the former edition of this work, I said that there was little doubt that amputation of the cervix uteri had been performed in many instances where it might have been avoided; and this is now acknowledged to be the case. The history of several of these operations, performed by M. Lisfranc, was published by his *interne*, M. Pauly, which exhibits results very different from those stated in the Académie de Médecine by M. Lisfranc himself, and tend strongly to impeach the veracity and good faith of this eminent surgeon, who has not thought proper publicly to notice or contradict the statements made in M. Pauly's work. In forming a proper estimate, however, of the degree of credit to be attached to these statements, the hostility by which M. Pauly was animated must be taken into consideration, as, if the results were in all cases those



which he has stated, the motives which induced him to publish them at a subsequent period cannot fail to be duly appreciated.

In one of the female patients, whose case I noted, phlebitis supervened on bleeding from the arm, and was treated by the repeated application of leeches, between the point where the inflammation terminated and the heart. M. Lisfranc stated, that since he had adopted this practice, he had not lost a patient from this disease, whereas formerly, when in the habit of employing other means, and of applying leeches near the wound, or over the inflamed vein, the majority of cases terminated unfavourably. In chronic abscess, as also in psoas abscess, as soon as fluctuation is perceptible, M. Lisfranc makes an aperture an inch in length, and presses out as much matter as possible, applying, subsequently, poultices to the wound, and leeches along the tract of the abscess, which are repeated as often as appear necessary. The matter is pressed out at each dressing, and when there is no fever or inflammatory symptoms, the patient is allowed a nourishing diet.

In cases of painful menstruation, M. Lisfranc speaks highly of the effects of revulsive bleedings from the arm, in the interval between the periods, combined with other sedative measures. In cases of polypus uteri requiring operation, he prefers excision to the ligature, the tumour being firmly seized with hooked forceps, *pincers de museaux*, is brought down by steady and gradual traction out of the vagina, and its neck divided. M. Lisfranc states, that hemorrhage to any extent is of rare occurrence after this operation, the unfavourable symptoms which sometimes supervene being mostly of a nervous character, and generally subsiding by the use of sedatives. In cases of fracture, M. Lisfranc employs the ordinary junk and splints, and does not make use of the starched bandages. In many cases of amputation he prefers the flap to the

circular method, and dresses the stump in the usual way. He generally removes the greater part of the dressing within twenty-four hours after the operation.

Students visiting Paris will be greatly advantaged by attending M. Lisfranc's practice, and lectures, the substance of which, on the principal diseases, he has lately published, in two volumes.

M. Sanson, whose recent loss the profession has to regret, was likewise surgeon to this hospital. He effected several improvements in operative surgical practice, and his practice in diseases of the eyes was attended with much success. He was one of the first among French surgeons who was aware of the advantage resulting from the employment of internal remedies, especially calomel, in several of these diseases. In operating for stone, he preferred in most cases the recto-vesical method, in which, however, I am not aware that he has any imitators.

M. Piorry, one of the most distinguished practitioners in Paris, and known out of France by several valuable works, has been recently nominated professor of internal pathology. His hospital visits and lectures are always very fully attended by pupils, who likewise derive great advantage from his bedside remarks. M. Piorry has devoted much of his time to the perfecting of percussion, by which means he is not unfrequently enabled to ascertain with certainty the existence of disease, when other means of investigation afford but an imperfect indication, and his diagnosis is in general excellent. He invariably uses a thin circular piece of ivory, which he has termed *plessimetre*, and which he considers the best medium for appreciating the varieties of sound furnished by percussion.

M. Piorry is in general very successful in his treatment of disease; he takes minute notes of cases, and varies his remedies according to individual exigencies. In cases of pneumonia, he generally depletes

freely, and subsequently applies large blisters to the chest. In bronchitis, he usually restricts the depletory measures to the application of leeches, and exhibits emollient drinks; neuralgic affections he treats by leeches, counter-irritants, or quinine, according to circumstances.

In M. Piorry's works will be found many original views and opinions, some of which are opposed to those generally received. He considers attacks of intermittent fevers to be consequent upon enlargement of the spleen, and prescribes quinine in large doses, with the object of diminishing this enlargement, which in most cases it effects in a very short period, as may be perceived on exploration by percussion; but it will doubtless appear to practitioners on this side of the channel, as it does to the great majority of M. Piorry's Parisian confrères, that he mistakes the effect for the cause, and that it is by arresting the attacks, that it diminishes the enlarged and congested state of this organ. How frequently does it not occur, that intermittents exist without any enlargement of this organ, which usually ensues only after frequently-repeated attacks? It is well known, likewise, that paroxysms of ague not unfrequently depend upon habit, and may often be prevented by anything which tends to break the chain of habitual recurrence; as also by charms and other means of acting upon the imagination.

M. Gendrin, the author of the *Histoire Anatomique des Inflammations*, and more recently of a valuable treatise on Diseases of the Heart; and M. Serres, whose researches on the comparative anatomy, physiology, and pathology of the nervous system, have raised him to the highest rank in the scientific world, are likewise physicians to this hospital.



## ST. LOUIS.

This hospital, placed in an airy situation at the outskirts, occupies more space than any other in Paris, and is second only to the Hôtel Dieu in the number of its beds, which amounts to eight hundred. One hundred and eighty of these are occupied by surgical cases; most of the rest by patients with cutaneous and scrofulous affections. Numerous out-patients likewise receive the benefit of the physicians' advice, and of the warm vapour and medicated baths which exist in this hospital on a large scale, though at present not in the best order.

MM. Alibert and Biett were formerly the physicians to whom the care of patients with cutaneous disease was chiefly confided. The former was principally known to the profession in England by his large work on these diseases; he employed lotions and other local applications much more freely than M. Biett, who trusted mostly to internal remedies and baths. The following are a few of the opinions advanced by M. Biett with regard to the use of baths in cutaneous diseases. Simple tepid baths are most beneficial in the dry scaly forms, though only as an accessory means. Their efficacy is less marked in the pustular varieties; they are serviceable in vesicular affections when the inflammation begins to subside, and may be used with advantage in impetiginous affections where incrustations have succeeded to the pustules.

Alkaline baths are efficacious in the papular and dry scaly forms, and in the impetiginous and tubercular varieties. An alkaline bath may be made by dissolving in a simple bath, from half a pound to a pound of carbonate of soda.

Sulphur baths are most useful in the decline of vesicular affections: they are less useful than alkaline baths in the chronic stage of psora; and if used

in the inflammatory stage, the symptoms are aggravated. Sulphurous baths may be composed by adding two ounces of diluted sulphuric acid, and eight ounces of hydrosulphuret of potass to each bath.

Acid baths may be made by adding to each, from four to eight ounces of hydrochloric acid: they are most applicable in dry scaly eruptions. M. Biett's opinions and practice are fully exposed in his lectures, an epitome of which was published by MM. Cazenave and Schedel.

M. Gibert, formerly a pupil of Alibert and Biett, now replaces the latter, and delivers his lectures in the summer months in the garden, beneath the same tree where Alibert was wont to impart a knowledge of cutaneous diseases to the rising generation of students. He is the author of an excellent manual of these diseases, and of another on syphilitic diseases. In the acute form of urticaria, M. Gibert prescribes low diet, occasional venesection, and acidulated drinks; in the more chronic form, laxative baths, and in lymphatic constitutions, tonics.

In psora, sulphur is the chief means of treatment, by inhalation; a sulphur-bath daily, combined with frictions of sulphur-ointment.

In eczema and impetigo, with a disordered state of the general health, sulphur, tonics, quinine, and sulphur or alkaline baths. In the obstinate form of impetigo, the liquor arsenicalis is often productive of much advantage. In the different forms of lupus, M. Gibert employs caustics. In some obstinate forms of cutaneous disease, M. Gibert has latterly used the cold-water cure with advantage.

M. Emery has the superintendence of two wards of females, containing patients with uterine disease, which he inspects weekly with the speculum. The most usual application to ulcerations about the os tinæ is the nitrous acid of mercury. In cases of scrofulous lupus, M. Emery generally prescribes the ioduret of iron in large doses; in syphilitic secon-

dary symptoms, mercurial fumigations ; and in lepra vulgaris, the application of tar ointment.

M. Lugol has four wards with scrofulous patients, whom he treats for the most part with preparations of iodine and iodurated baths, which, when judiciously employed, have likewise been attended with great success in the hands of other practitioners : very generally used in France and Germany.

The divisions of scrofula by M. Lugol, are five ; viz. the tubercular, the catarrhal, the cutaneous, the cellular, and the osseous, according to the seat of the disease ; but as it does not lie within the scope of this work to analyse the published opinions of those whose practice I have noted, I must refer those who are desirous of full information upon the subject, to M. Lugol's work. In the course of his practice, M. Lugol has never seen atrophy of healthy glandular structure, nor the other injurious consequences which has been ascribed to iodine.

M. Jobert, who succeeded Richerand in the surgical department, though young, occupies a high position among the Parisian surgeons. He is the author of several surgical memoirs, as also of a work on the nervous system, (*Etudes sur le Système Nerveux*,) and is a dexterous operator. In ulcerations of the os tincæ, M. Jobert applies the actual cautery.

#### HÔPITAL DU MIDI.

This large establishment, containing six hundred beds, is exclusively appropriated to the reception of syphilitic patients of the male sex, (the female patients having been transferred to the hospital de l'Ourcine, where admission is not readily granted to strangers,) and is situate in a healthy locality at the southern extremity of the city. The wards are large, but are neither so clean nor so well ventilated as in other hospitals, and the beds are placed too closely to each other ; the house being too small for the number of patients. The more severe cases, how-



ever, and those patients whose general health is materially affected, are placed in smaller and more airy wards on the first floor. Out-patients receive advice and medicine four times a week: the number of these is sometimes from fifty to eighty a-day.

MM. Cullerier and Ricord are the surgeons to the hospital. M. Cullerier does not use mercury as a specific, though in many cases he avails himself of this remedy; but its exhibition is never carried so far as to induce copious salivation. When deemed necessary, it was either introduced into the system by means of friction, or internally in combination with iodine.

Primary ulcers are usually treated by M. Cullerier by rest and an antiphlogistic regimen; simple sedative or slightly stimulating dressings, according to circumstances: in some superficial ulcerations, with slight inflammation, he cauterises the part with lunar caustic. In many chronic cases, especially when the bones are affected, or when there exists eruptions on the skin, he employs the *tisane de Feltz* with great advantage. The chief ingredients in this preparation are antimony and sarsaparilla.

Blenorrhagia is treated by M. Cullerier in acute cases by general and local abstraction of blood, baths, abstinence, and diluents. After the inflammatory stage has subsided, cubebs or copaiba are given; injections being but seldom resorted to, except in cases of vaginal discharge. In leucorrhea, and other chronic cases, M. Cullerier latterly employed cauterization of the os tincæ with the nitrate of silver, or the nitrous acid of mercury, applied by means of the speculum, injections of Goulard water being subsequently used. This practice has also recently been adopted by M. Ricord in vaginal discharges of a more acute nature: a piece of lunar caustic being introduced, so as to come in contact with the parietes of the vagina.

M. Ricord employs cauterization with the nitrate

of silver in most primary ulcers of the genitals, when not accompanied with inflammatory action. He has not seen bubo produced by this, nor does the actual existence of bubo counter-indicate the use of the caustic. A general course of treatment is at the same time prescribed. In irritable sores, a solution of opium is the most usual dressing in phagedenic sores. The tincture of iodine, or the aromatic wine, when stimulation is required, is mostly used, the internal use of mercury being suspended. In ulcerated bubo, M. Ricord destroys the diseased glands with caustic applications, *Pate de Vienne*, a compound of caustic potass and lime being used for that purpose. In some cases of obstinate tertiary symptoms, the ioduret of potass in large doses has been employed with advantage. The *emplatre de Vigo* (mercurial plaster) is often applied to procure the removal of tubercular eruptions of the face. In cases of rupia, combined with great disorder of the health and debility, M. Ricord employs a tonic regimen, bark, and cautions his pupils against the exhibition of mercury under these circumstances. The constitutional treatment of syphilis consists, in ordinary cases, in the exhibition of the proto-ioduret of mercury in the form of pills; the dose being a grain daily at bedtime, combined with one-eighth of a grain of extract of opium, and two grains of extract of guaiacum: this dose is gradually increased according to circumstances. In the day-time, the patient drinks decoction of sarsaparilla, and is restricted to a bland diet, with a very moderate allowance of animal food.

The treatment of blenorrhagia, when in the acute stage, consists in the application of from twenty to thirty leeches to the perineum; low diet, baths and diluents; when there exist much pain and chordee, pills of camphor and opium are prescribed at bedtime. In the more chronic form, cubebs combined with a few grains of the peroxide of iron three

times a day. In other cases, copaiba is preferred ; and when the urethral discharge persists long, injections of nitrate of silver, varying in strength from one-third of a grain to a grain to the ounce of water, are superadded to the internal remedies. In gleet, injections of red wine and rose-water, in the proportion of one part to two, are not unfrequently ordered. Alum injections,  $\mathfrak{z}$ iii to Oii of water, are frequently prescribed in chronic vaginal discharges. In some cases, the acetate of lead in the same proportion is preferred to the alum. Orchitis, when not in an acute stage, is treated by compression with strips of plaster. Swellings of the inguinal glands are treated by blistering, which either causes their dispersion, or else the more speedy formation of matter. As soon as the existence of matter is ascertained, an incision is made to allow of its escape.

M. Ricord is of opinion that injections used with discrimination in urethral discharge, neither tend to produce stricture nor enlargement of the follicular glands of the urethra, such affections occurring most frequently from the neglect of employing proper measures at the commencement. He likewise considers that eruptions and other secondary affections are not produced by gonorrhea, but that when present at the same time, an ulcer within the orifice of the urethra or elsewhere co-exists, and is frequently not detected unless minute examination be made. Even when it cannot be seen, the existence of ulceration within the urethra is often evidenced by induration of the part. M. Ricord's work having been translated into English, renders it unnecessary that I should more fully enlarge upon his opinions.

#### HÔPITAL DES ENFANS MALADES.

This hospital, enclosing spacious court-yards laid out as gardens, occupies a considerable extent of



ground in a salubrious part of the suburbs, and is exclusively appropriated to the relief of sick children from the age of three to fifteen. The number of beds amounts to five hundred and fifty, though not more than two-thirds are usually occupied; the majority is composed of medical cases, the number of surgical patients being but small. Scrofulous patients, and those with cutaneous or contagious diseases, are placed in wards separate from the rest. The medical duties are performed by four physicians and a surgeon: two of the physicians have charge of the acute, the other two of the chronic cases. At the end of every six months they change places—the physicians who previously had the patients with acute disease undertake those with chronic affections, and *vice versa*.

The mortality at this hospital is very great, particularly among the younger patients, the proportion of deaths averaging one in five; in acute diseases, about one-third of the patients die.

There is nothing in the position of the building to account for this great mortality, which in my opinion is to be ascribed to the inert practice pursued. Except in cases where active measures are urgently indicated, the treatment of diseases here, as at the *Enfants Trouvés*, is for the most part expectant, consisting principally of diluents, solution of various syrups, baths and lavement, with occasional counter-irritants. These, it is obvious, are insufficient to combat the diseases of childhood, which are for the most part inflammatory. Sanguineous depletion is comparatively infrequent, and laxatives, diaphoretics, sedatives, &c., but seldom resorted to. The physicians are MM. Jadelot, Guersant, Baudeloque, and Bousseau. Guersant, junior, is the surgeon. There is, besides, an orthopedic department under the superintendence of M. Jules Guerin. At the period of my visits M. Baudeloque had, in part, the charge of the acute cases, and M.

Guersant of the scrofulous patients. M. Baudelouque speaks highly of the efficacy of sulphur-baths in the treatment of chorea, this remedy being often successful after the failure of other means. The proportion of girls affected by this disease is much larger than that of boys, and the left side is found to be more frequently affected than the right; post mortem inspections throw no light on its nature.

The patients with scrofula are placed in the low, ill-ventilated wards, the air of which is but little likely to ameliorate their condition. In the treatment of these affections, M. Guersant employs tonics, iodine, and ioduretted baths, from which much benefit is derived. He states, however, in common with others who have seen much of these diseases, that in the summer months numerous patients are cured or materially relieved, whatever be the remedies employed; whereas, in the winter, the disease is more intractable, either making progress or at best remaining stationary.

The above account remains, with very little alteration, the same as in the first edition, since which it would appear that the mortality is less. Dr. Otterburg, in his account of the Paris hospitals, states, that within the last few years, the average is as one to six. He states, that M. Guersant chiefly relies upon sulphur-baths in chorea. Of twenty-seven cases, twenty-five were cured. It is seldom that more than twelve baths are necessary. The same physician strongly recommends equal parts of oxide of lime, cicuta and belladonna, (a quarter of a grain each for a dose,) three times a day, in cases of whooping-cough. . . . M. Guersant is not so partial to the abstraction of blood in croup: he speaks more in praise of emetics, the internal administration of calomel, and frictions on the side of the neck with mercurial ointment.

M. Guersant, jun., is one of the most highly considered among the younger Parisian surgeons; he has long been in the habit of giving lectures and demonstrations on operative surgery, at *Ecole Pratique*, and delivers twice a week clinical lectures on the most interesting cases under his care.

M. Jules Guerin, who is the principal editor of the *Gazette Medicale*, and whose labours in the more correct exposition of the nature, and in the treatment of distortions, have raised him to the highest rank among scientific inquirers in this department, has about twenty beds in this hospital. His large work "*Sur les Difformités du Système Osseux*," obtained the prize of ten thousand francs of l'Academie des Sciences, and he has since published several highly interesting and elaborate papers on different parts of the same subject, as well as on squinting, both in his journal and as separate pamphlets. His surgical conferences in this department of practice, and his operations, always attracted a crowd of pupils, as well as many French and foreign practitioners. M. Guerin has a large and handsome private establishment, formerly a royal château, surrounded by extensive grounds, in the Bois de Boulogne, for the treatment of curvature of the spine and other deformities, among persons in the higher and middle ranks of life.

Considering that club-foot, lateral curvature of the spine, congenital luxations, squinting, &c., depend upon undue or spasmodic muscular contraction, frequently from lesion of the nervous system, and consequently causing destruction of the balance of power between muscles and their antagonists, M. Guerin divides those muscles, the anormal contraction of which is opposed to the restoration of the part; and as this is done through a very minute aperture in the skin, the air is excluded, and the operation is attended with very little pain, and scarcely any constitutional disturbance, even when



several muscles are divided. In one case, a Pole, at M. Guerin's establishment, there was contraction of the greater number of the flexor muscles. Forty-four muscles were divided at one time, and very little constitutional irritation supervened; the patient slept soundly the same night. In a case of congenital luxation of the thighs, I saw M. Guerin divide several muscles, after which extension was kept up by weights attached to the limbs, and suspended over a pully affixed to the bed. This was successful, though the patient was twelve years of age.\* In lateral curvature of the spine, M. Guerin is likewise in the habit of dividing those muscular fibres, the contraction of which is an obstacle to the cure; and in squinting, he applies the subcutaneous method of operating, which, in almost all the cases which fell under my observation, was attended with perfect success—the chief inconvenience being the ecchymosis or blackness around the eyes, which lasted from ten days to a fortnight. M. Guerin almost always operates on both eyes at the same time, as it rarely happens that the squint is entirely confined to one eye, and the true visual axis between the two is by this means preserved.

#### HÔPITAL DES ENFANS TROUVES.

This building is situate in an airy locality near the Boulevards. Between five and six thousand infants are annually received on presentation. The admissions at night take place by means of a revolving box communicating with the porter's lodge and the

\* The difference between traumatic and congenital luxations of joints require to be fully considered with reference to operation; in the former there is great violence done to the parts and inflammation. In rupture of the capsular and other ligaments, an artificial cavity is formed after a time, and the natural cavity filled up—so that to effect reduction the attachments must be broken through. In congenital luxations, however, the capsule and ligaments are lengthened, and the natural cavity is not obliterated.

street. When an infant is placed in the box, the person depositing it rings the bell to apprise the portress ; the box is then turned round, its occupant becomes a protégé of the establishment—the day and hour of its admission being noted, as well as any particular marks upon it or its dress, in order to its being recognized at a future day, should inquiries be made after it.

Most of the infants remain but a short time in the house, being sent into the country with nurses, who come from various parts to receive them. In this there is no difficulty, as there is always several in attendance. During their stay in the establishment, healthy infants are suckled by resident nurses, and are placed in a large ward termed *La Crèche*, containing one hundred cradles ; those which are sick are transferred to the infirmary, which also contains about one hundred cradles ; the wards are airy, and great attention is paid to cleanliness. Notwithstanding these circumstances and the advantageous situation of the building, more than half the number of infants received into the infirmary, die, and about one in three and a-half of the whole number admitted to the hospital. A principal cause of this great mortality is the privation of the breast ; the artificial food, composed of milk, more or less diluted, and of light farinaceous substances, disagreeing with the infants, produces gastric irritation and diarrhœa, under which they succumb. It appears to me that the medical treatment, consisting for the most part of expectant measures, is but little suited to this class of cases, which are for the most part of an inflammatory nature. The remedies principally consist in demulcent drinks, and counter-irritants are sometimes used, laxatives not frequently. The limited number of nurses, who are from the lowest class of people, and are not unfrequently addicted to intemperance, as also the manner in which the bodies of the infants are bandaged up,

so as to prevent free motion of the limbs, have also great influence in increasing the number of deaths.\* Many of the little patients are afflicted with induration of the cellular texture, which exists both as a distinct affection and as a concomitant of other diseases, especially jaundice. It is in some cases general, but more frequently the cheeks, thighs, legs, and back, are separately or simultaneously affected; it generally comes on a few days after birth, and is immediately recognized by the hardness of the affected parts to the touch; the skin retains the red colour of new-born infants. Dissection throws no light upon the causes of the disease. Poletta ascribed it to mechanical obstruction of the circulation. M. Billard considered it to depend upon general plethora, and a congestive state of the venous system; cold and humidity acting as the exciting cause.† M. Baron also regards exposure to cold as its most frequent exciting cause. The skin is generally dry, and the cure is easy, if perspiration can be produced. The treatment consists in abstraction of blood in some cases, application of warm flannels, friction, water, and vapour-baths.

#### HÔPITAL NECKER.

This hospital, founded by the widow of the celebrated minister, is close to the *Enfans Malades*, and contains one hundred and twenty beds, which are mostly occupied by patients with acute disease. It was at this hospital that Laennec made his observations upon auscultation, in the diseases of the thorax. There are two physicians and a surgeon. M. Bricheteau has the largest proportion of patients. In the treatment of thoracic inflammation, he does

\* This passage remains much the same as in the first edition, but the mortality has not been latterly so great, and it is to be hoped the treatment is improved.

† *Traité des Maladies des Enfants Nouveaux-nés.*



not carry sanguineous depletion so far as most other practitioners, but prefers the exhibition of tartarized antimony in large doses, after the manner of some Italian physicians. This causes copious perspiration, which in most instances is attended with great alteration of the symptoms; to prevent purgation, a small quantity of opium is sometimes added. In the more chronic stages, blisters and the tartarized antimony ointment are generally resorted to. M. Bricheteau employs this remedy, as he states, with great advantage in phthisis, upon which disease he is preparing a large work for publication. In continued fever, M. Bricheteau does not in general prescribe sanguineous depletion, but relies chiefly upon saline purgatives, and states that this method is very successful. M. Bricheteau likewise speaks highly of the advantages of compression in ascites, both before and after paracentesis; the pressure is made by means of a broad bandage laced in the manner of a corset, which is worn as tightly as it can be borne without inconvenience; other measures, as occasional purgatives, diuretics, &c., being at the same time employed. Some other Parisian physicians also employ this method in the treatment of dropsical effusions.

M. Delaroque's anti-Broussaian treatment of typhoid fevers by purgation, attracted considerable notice two or three years ago, and sharp discussions took place respecting it in the Academie de Médecine; a commission was appointed to inquire into the merits and advantages of the treatment, M. Andral being at its head; the commissioners, however, did not pronounce any positive judgment, but stated that further information and more time was required before coming to any definite conclusion upon the subject. M. Andral has, however, partially adopted the practice in his wards.

The treatment consists, in the first instance, in the exhibition of an emetic in many instances: this

is followed by purgatives of artificial Sedlitz-water, or of calomel and castor-oil, the dose of the former being from eight to twelve grains—of the latter, from one to two ounces ; and these are repeated as long as the symptoms appear to require them—daily or every second day, according to circumstances. Cataplasms to the abdomen, and emollient lavements morning and evening, are likewise employed. When all the vitiated secretions and offending matters (the lodgment of which is the alimentary canal M. Deloroque considers to be a cause of the disease) are evacuated, tonic remedies, as bark, are employed to remove the debility. Bleeding is only employed when actual inflammation is present ; the existence of disease does not counter-indicate the use of purgatives. According to the statistical tables, the proportion of fatal cases in one hundred patients, was one in ten.

M. Berard, one of the most talented among the Parisian surgeons, has the charge of the surgical wards. His treatment is marked by sound judgment and discrimination, and his operations have mostly a successful termination. M. Berard is now publishing in parts, a Compendium of Practical Surgery.

M. Civiale has a small service in this hospital for patients with disease of the urinary organs ; and those afflicted with stone, who are admitted with a view to undergo the operation of lithotrity ; and pupils have thus frequent opportunities of seeing the operation performed by this distinguished surgeon, and of hearing his clinical remarks. M. Civiale may be said to have devoted the best part of his life to perfecting the means of removing calculi from the bladder, without subjecting the patient to lithotomy, and was the first person who employed lithotrity with success in the living subject. The dexterity with which M. Civiale operates is too universally admitted to render it necessary that I should do more than allude to it ; he lays great stress upon

gentleness in the manipulation with the instrument. Through his kindness I have had opportunities of attending many of his operations, both in public and among his private patients, but did not in any case witness the supervention of serious symptoms. He no longer uses his three-branched instrument, but employs the curved lithotrite, more flattened than usual at the extremity of the blades, by which means a larger surface of the stone can be seized.\*

Paralysis of the bladder and vesical catarrh in elderly people, are sometimes treated in the following manner by M. Civiale. A stream of cold water is made to flow from a reservoir fixed near the ceiling through an elastic gum tube, having stop-cocks, which is fixed to a silver catheter divided into a double tube by a central partition; the catheter being introduced as the patient lies in the recumbent position, the water flows into the bladder by one side and out by the other. A continued stream is thus kept up for about ten minutes, and the process is repeated every second or third day; the quantity of water which passes into the bladder may be regulated by the stop-cock, so as to prevent undue distension. The beneficial effects of this method are attributable to the clearing away of the accumulated mucus, and to the tonic action of the water upon the bladder. In M. Civiale's work, on "Diseases of the Urinary Organs," his "Parallel of the Different Methods of Treating Stone Patients," as well as in his special publications on lithotrity, will be found the most full and luminous exposition of these subjects, as well as the results of his extensive experience.

#### HÔPITAL COCHIN.

This neat little hospital contains one hundred

\* I have given an account of the various methods of performing lithotrity, and have treated of its advantages and disadvantages in the Jacksonian Prize Essay for 1838.



beds, and was founded by the ecclesiastic whose name it bears. The wards are airy and very clean, and the cases mostly consist of acute diseases and accidents. The professional attendants are two physicians and a surgeon. During one of my visits, I was present at the post mortem examination of a man on whom a mass of stone had fallen, and produced fracture of several of the ribs, with dislocation of the thigh; the head of the bone resting between the inferior margin of the acetabulum and the tuberosity of the ischium. On admission, the symptoms bore those of dislocation into the ischiatic notch; reduction was effected twenty-four hours after the accident, but the patient only survived twelve days; his death being caused by the violence of the thoracic inflammation. On inspection, there was considerable ecchymosis in the muscles surrounding the articulation; the psoas and iliacus internus were much injured, some of these fibres being lacerated, and the upper portion of the quadratus femoris was torn through; the ligamentum teres was likewise ruptured, and a rent was perceptible in the posterior part of the capsular ligament, sufficiently large to allow the head of the bone to pass out. The position occupied by the head of the bone was indicated by the contused appearance of the muscular fibres and the increased ecchymosis; the parts in the immediate neighbourhood of the ischiatic notch were in a normal condition. I have given this case, not being aware that there is any other instance on record of a similar dislocation.

#### HÔPITAL BEAUJON.

This is the handsomest hospital in Paris, and is situate in an airy locality, in one of the Faubourgs. It has recently been much enlarged by the erection of additional buildings, which, when completed, will increase the number of beds to five hundred. The

wards, containing about sixteen beds each, are better furnished and cleaner than in most of the other hospitals. MM. Louis, Renaudin, and Martin-Solon, are the physicians; the surgeons, MM. Marjolin, Robert, and Laugier. M. Robert, whose courses of operative surgery are always most numerous attended, enjoys a well-merited reputation both as a judicious practitioner and skilful operator. His "Thèse de Concours," on the treatment of cancerous diseases, may be perused with much interest and advantage.

In the neighbourhood is a large manufactory of white lead, from which patients affected with colica pictonum are frequently received into the hospital. The ordinary treatment adopted here, generally produces a cure in four or five days; it consists in the exhibition in the morning of a purgative potion containing twelve grains of jalap, four drachms of sulphate of soda, an ounce of manna to four ounces of water; in the evening an essence is administered, containing sulphate of soda and senna, and an hour afterwards the patient takes a draught, containing an ounce of syrup of diacodium (poppies.) The next day the same remedies are repeated, if the patient's state renders them necessary. Latterly, M. Martin-Solon has likewise frequently prescribed the *limonade sulphurique* in this disease.\*

#### HÔPITAL ST. ANTOINE.

This is likewise a large and handsome hospital, though on account of the distance from others, not much frequented by pupils or visitors. It contains two hundred and sixty beds, of which two hundred and six are for medical cases. The number of patients annually received averages three thousand. There are three physicians and a surgeon.

\* Formulaire des Hôpitaux.

## HOSPICES.

## LA MATERNITE',

Or Lying-in Hospital, contains four hundred and fifty beds, of which one hundred and fifty are for women near the time of parturition, one hundred and fifty for those who are delivered, twenty-five for the infants, and one hundred and fifty for young women who reside in the house to study midwifery, and who assist in the practical part of the duties when extraordinary or difficult cases occur. These female *élèves* must be between the ages of eighteen and thirty-five; they remain in the house a year, for which, comprising instruction, the necessary books, &c., they pay about seven hundred francs. At the expiration of this period they undergo an examination, and obtain a license to practise. Women who have passed the eighth month of pregnancy are received on application, without any questions being asked as to name or residence. They receive every requisite attention until their accouchement; after which the majority do not remain more than eight or nine days. They are allowed to leave their infant in the hospital; and the greater number being unmarried, avail themselves of this permission. A physician, (M. Dubois,) two surgeons, and a chief midwife, are attached to the establishment. About three thousand five hundred accouchements take place annually. Visitors and students are not admitted, in order that the inmates may be more sure of concealment.

## SALPETRIERE.

This vast establishment, situate at the south eastern extremity of Paris, is composed of several buildings, constructed with regularity, and enclosing spacious gardens and grounds for exercise. The



population amounts to near six thousand individuals, the greater part consisting of aged and infirm females, the others being patients of the same sex, afflicted with mental alienation, epilepsy, and cancerous diseases. The inmates sleep in large wards, containing from thirty to sixty beds, which, however, are placed too close to each other. The meals are served up in the wards. Those who require medical attendance are transferred to the infirmary, containing two hundred and fifty beds, which are mostly occupied by chronic gastric, and bronchial affections; diseases of the heart, and paralysis. There are three physicians and a surgeon, M. Malgaigne, who distinguished himself as an operative surgeon in Poland, by the talent displayed in his *Manual of Operative Surgery*, and his published papers in the journals. The department of the establishment for the insane has been much improved of late years; the ameliorations effected by the exertions of the venerable Pinel having been zealously followed up by his successors, M. Falret, Mitivie, and Lelut. The number of patients averages from nine hundred to a thousand; they are classed in three divisions, viz. curable, incurable, and idiots. Quiet patients, and those under treatment, are lodged in clean and airy wards, each containing from twenty to forty beds. Of the incurable, the more intractable and furious patients, some occupy wards, others lodge in small cells, built round courtyards, on the ground-floor. Each of the cells lodges one person, contains no other furniture than a bed, and has an iron grated window, with a shutter which, when closed, produces complete darkness, which is often found sufficient to restore tranquillity to the violent, without the necessity of having recourse to the straight waistcoat, which is the only means of forcible restraint employed. In general, however, the patients walk about the courtyard in the daytime, and are super-

intended by females, who treat them with kindness and gentleness. The remedial means consist chiefly in the use of mild purgatives, baths, douches, and counter-irritation by means of blisters. In some cases of maniacal exaltation persisting for a long time, cauterization at the nape of the neck has been found to be attended with very advantageous results. This remedy was, I believe, first proposed by Dr. Valentin, of Nancy. Sanguineous depletion is not frequently resorted to ; nor are opium or other sedatives often employed. Moral measures have latterly been much more adopted in the treatment. There is a separate ward for convalescents, who employ their time when in-doors in reading and sewing. Another ward is appropriated to the paralytic patients. The peculiar kind of paralysis supervening on mental alienation is mostly of a general nature, in which the faculty of volition first appears to partake of the debility of the intellectual powers. Its approach is generally indicated by loss of memory, and confusion of ideas ; the tongue and muscles of the mouth then become affected, and the inferior extremities are soon after unable to support the body. Medical means are ineffectual in arresting the progress of the disease, which most frequently comes on in old persons, or those who have been long insane. The admissions are about five hundred annually ; the dismissals, three hundred ; the deaths about two hundred. The number of cures is about one-third of the number admitted. M. Mitivie holds weekly clinical conferences for the advantage of pupils. MM. Falret and Lelut have published valuable works on mental and nervous diseases. Two junior physicians, MM. Trelat and Baillarger, have recently been added to the *corps médical*.

## BICETRE

Is an hospital for the male sex, similar to the Salpêtrière, situate about a league from Paris. Its

population amounts to three thousand persons, including the insane. Two physicians and a surgeon have the superintendence of those inmates whose health requires medical assistance. The most frequent diseases in the infirmary are, apoplexy, paralysis, chronic bronchial irritation, rheumatism, and affections of the urinary passages. There is also a department for seventy patients with cancerous diseases. The average number of those annually admitted is one thousand; the proportion of deaths as one to six three fourths.

The number of insane amounts to about eight hundred. From twelve to fifteen leave the hospice monthly; the cures are from seven to eight a month. Several of the patients are likewise paralytic; these are always incurable. The chief physicians are MM. Voisin, and Leuret; the former has a large and well-arranged private establishment, with spacious grounds, at Vanvres, near Paris.

M. Leuret has zealously applied himself to perfecting the moral treatment of insanity; his efforts have hitherto been attended with great success. This treatment, which bids fair to produce the most advantageous results, is now becoming much more general, having been first methodically pursued in England, at the Hanwell Asylum, by Dr. Conolly, who has been able to abolish, in great measure, the system of personal restraint. M. Leuret enters into minute and patient investigation of individual cases; his manner, though firm, is considerate. Those patients labouring under monomania are frequently led, after a short sojourn, to a more correct view of their erroneous impressions, by his conversations and reasonings with them. Baths, of two or three hours' duration, combined with pouring water on the head, are the means most frequently resorted to in order to render the unruly more tractable. These are found to act beneficially, by the dislike and apprehension of patients to them, which induces them



to constrain themselves. Furious patients are isolated in cells, and their movements confined by the *camisole*; but when not very violent, they are allowed to walk about in the court and corridors. Many of the patients are occupied in out-door work, as digging, &c., or in the workshops, in the plaiting straw for hats, the making of shoes, clothes, &c.; others are sent to work at the farm St. Anne, an appendage to the establishment. They all, except those requiring personal restraint, assemble at dinner; and even the maniacal patients are allowed the free use of their knives like the rest. If any one conduct himself improperly, he is not allowed on the following day to join the rest, and he is placed on a more restricted diet. This punishment is found sufficient to prevent the recurrence of outbreaks: several are allowed meat and wine daily. Vascular depletion is seldom employed, except the occasional application of leeches behind the ears; purgatives are prescribed occasionally, as are also emetics in atonic subjects. In some epileptic patients, who accidentally burned themselves, the injury effected a permanent cure. M. Leuret has employed indigo in epilepsy, without any beneficial results.

Considering it is not sufficient that the hands should be occupied, but also that employment of the mental faculties is necessary, M. Leuret causes all those patients who are in a fit state, to assemble every morning, at a certain hour, in the school-room, which is provided with globes, maps, charts, and zoological tables, illustrating Cuvier's "*Regne Animal*." A school-master, a music-master, and a dancing-master, (the last also a patient,) are employed in teaching. For the reading exercise, each patient is provided with a copy of a work, containing historical extracts, moral passages, &c. One is directed to read at a certain page, all the others following the reading: in a minute or two the reader is ordered to stop, and another of the class is told by the

school-master to continue from the point at which the former left off, and so with several. Some are then questioned on points of geography, and are constantly referred to the globes. The singing is conducted, in chorus, from sixty to seventy individuals, labouring under different forms of insanity, joining in and keeping time in concert. Some, again, recite passages which they have learnt by heart. Those who are fond of music are supplied with instruments; and there is a library, where books are lent to read. The exercises at which I was present with M. Leuret were conducted with great exactness and willingness, many of the patients being evidently emulous of excelling. Among them was a boy with an idiotically-formed head, who possessed extraordinary powers of calculation; on the question being proposed to him, as to the number of minutes in three years, three months, and three days, he answered correctly, with very little hesitation.

Several cases, illustrative of M. Leuret's mode of treatment, are recorded in his work, *Du Traitement Moral de la Folie*.\*

\* With reference to the dependence of mental alienation upon structural change, as supposed by some, M. Leuret says, "But as regards the alteration which might be the immediate cause of insanity, I deny that it has ever been indicated by any one. If there be any alteration, it must be similar to that which produces dreams, which induces false convictions in reasonable individuals, which excites the instincts and the passions; it never manifests itself by physical characters, and its nature is altogether unknown to us."

Again, in another part, he observes, "How many different thoughts, some elevated and sublime, others trivial, extraordinary, ridiculous, present themselves to the mind of man, without our being able to account for them, by any organic change which has taken place in the brain! If for foolish thoughts, which it is often so difficult not to confound with reasonable thoughts, an alteration of the brain be required; for the same reason, an alteration would be required for each physical, intellectual, or moral phenomenon. One would be required for dreams, which are the alienation of sleeping people, as mania, and monomania are the alienation of people awake."

With respect to the treatment, M. Leuret remarks—"But I have said very positively, and in such a manner as to leave, even on the most prejudiced minds, no doubt of my meaning, that the treatment such as I have proposed, is applicable to its whole extent, in those

## CHARENTON.

The Maison Royale de Charenton, situate about a league from Paris, is exclusively appropriated to the reception of the insane of both sexes. It is built on a slight acclivity, and contains six hundred beds, though, according to M. Esquirol, the disposition of the house is not well calculated for the treatment of the patients. Dr. Foville has succeeded this celebrated practitioner, whose work \* exhibits some of the results of forty years' experience. The following statistical account is from the same authority. From 1826 to 1833, fifteen hundred and fifty-seven patients were admitted; viz. nine hundred and thirty-two men, and six hundred and twenty-five women. With regard to the season: in spring, four hundred and six; summer, four hundred and forty-five; autumn, three hundred and sixty-five; winter, three hundred and forty-one. The maximum of admissions with respect to age, is from twenty-five to thirty for men; from thirty-five to forty for women. The causes were in the following proportion: hereditary predisposition, three hundred and thirty-seven; domestic chagrins, two hundred and seventy-eight; reverse of fortune, forty-nine: political changes in 1830, thirteen; in 1831, fifteen; 1832, three; and in 1833, only one.

## OPHTHALMIC DISPENSARY.

Those visiting Paris, who are desirous of acquiring a knowledge of, or of perfecting themselves in their acquaintance with diseases of the eyes, have the best possible opportunity of doing so, by attending the practice of M. Sichel, at his private dispensary,

patients only who do not present any of the nervous symptoms to which the physical treatment is applicable, with more or less success. It addresses itself to the disorders of the intellect and of the passions; its employment is subordinate to the *material* condition of the patient; it is not suited to the state of dementia, nor to most maniacs; and in monomania it must not be employed, if there be paralysis, or other analogous symptoms."

\* Des Maladies Mentales.



which is always numerously attended with patients, and where an abundance of interesting cases may be seen in a short period. M. Sichel is a German, formerly connected with the Berlin and Vienna schools, who came to Paris some years ago, and established his dispensary, previous to which diseases of the eyes were in general but little understood in Paris, and were almost exclusively treated by local applications. M. Sichel is remarkable for the correctness of his diagnosis; indeed, I know no one in whose opinion I should be inclined to place more confidence in a complicated and difficult case of ocular disease. He likewise is anxious that pupils should exercise themselves in the diagnosis, by minute examination of the organ, and directs attention to the leading features in every case, as it passes before him. The general principles of his treatment are by antiphlogistic and constitutional measures; frequently employing leeches, and saline and other purgatives, as well as special remedies, as mercury, colchicum, &c., in the varieties of inflammation; and having recourse to blisters, stimulating lotions, &c., only in the mere chronic forms of disease. In strumous ophthalmia, where local congestion is so frequently combined with general weakness, M. Sichel frequently recommends the repeated application of three or four leeches, near the eyes, and at the same time tonic remedies, and regimen. By many English surgeons his divisions of the varieties of inflammation, as depending upon an arthritic rheumatic or other diathesis, would be considered as scarcely necessary in a practical point of view; the experience, however, of the leading German and several of the English oculists, has shown that these distinctions are highly important with reference to treatment; and during a pretty close attendance on M. Sichel, on the several occasions of my visits to Paris, I have had abundant opportunities of seeing the superior results of his practice in general, as compared with other public institutions. The prac-

tical distinctions made by M. Sichel in amaurotic affections, are likewise highly important; but as these are fully exposed in his work, I refrain from any further allusion to them.\* M. Sichel has no exclusive method in operating for cataract, and sometimes performs extraction on one eye, and depression on the other. He also occasionally operates by keratonyxis. In one case of traumatic capsular cataract, he extracted the opaque capsule through the sclerotic, making a puncture with Jæger's triangular knife, about three lines from the cornea, a little above the centre of the eye, and then introducing a pair of fine forceps, by which the adhesions were torn through, and though the part could not be wholly removed, it was drawn to the aperture, and a portion snipped off with scissors; the rest being subsequently drawn upwards, a round-shaped pupil was formed, and the patient regained vision. During the attempts to seize the membrane, which were once or twice unsuccessful, a good deal of the vitreous humour escaped; the further escape was, however, arrested, by closing the eye, the attempt being repeated after a few minutes. I have added some cases, as illustrating M. Sichel's treatment. He is shortly about to publish a large work on diseases of the eye, with numerous plates.

### *Illustrative Cases.*

M. CHOMEL.—*Metritis*.—A young woman, aged twenty-five. was admitted on the 25th of January, having continued indisposed ever since her accouchement, which occurred twenty-four days before. On admission, the following symptoms were present: fever, pain extending all over the abdomen, more severe in the hypogastric region, and aggravated by pressure, pains in the loins and thighs, pulse one hundred, firm, tongue coated, os tincæ and uterus

\* De l'Ophthalmie, la Cataracte et l'Amaurose.

tender to the touch, sanguineous discharge per vaginam.—Venesection to twelve ounces, cataplasm to the hypogastric region, drink of sweetened barley-water.

27th.—Less abdominal pain and tenderness, tongue loaded, bowels confined.—Lavement, demulcent potion.

31st.—Increased pain and tenderness of the abdomen, which is somewhat distended, pulse quick and irritable, skin hot, tongue loaded, scarcely any action of the bowels since her admission. The venesection repeated yesterday afforded only temporary relief; cataplasm to abdomen, emollient lavement, an ounce of castor oil added to her potion.

Feb. 1st.—The bowels have acted freely, and she feels much relieved; but there is still considerable tenderness, particularly in the left iliac region.—Twenty leeches, demulcent beverage. From this time the pain and tenderness of hypogastrium continued, though occasionally relieved by leeches, her countenance sank, and cough supervened. Mercurial frictions were made on the abdomen, but without effect, and the patient died after having been a month in the hospital. The post-mortem inspection exhibited peritoneal inflammation, with effusion of lymph and serum; between the posterior part of the uterus and the bladder an aperture existed, which appeared to have been made with some pointed instrument, probably with the intention of causing the death of the foetus.

*Typhoid fever.*—Bouchard, aged twenty-five, had been ill a week previous to admission. On the eighth day he had a high degree of fever, intense cephalalgia, vomiting, and purging, and was received into the hospital: on the following day, great prostration of strength, stupor, subsultus tendinum, tongue rather dry, thirst, temperature of the skin no higher than natural, pulse eighty, but little expanded, no abdominal tenderness, delirium in the



night, with involuntary passage of liquid evacuations.—Bleeding to eight ounces, fomentation to the abdomen, a potion with syrup of gum, and an emollient lavement.—The patient's condition became worse, and he died on the twelfth day from the commencement of the disease. The usual pathological alterations of the small intestines and mesenteric glands were present on post-mortem examination.

*Typhoid fever: effect of tonics.*—A medical student was admitted on the 8th of January, and was bled shortly after; but the disease continued to make progress, and after having been a fortnight in the hospital, he appeared in a sinking state, with torpor of the intellectual faculties, involuntary passage of evacuations, countenance sunk, tongue dry and brown. He was ordered a mixture of infusion and extract of bark, a lavement of infusion of bark, twelve ounces of Malaga wine. On the following day he could understand better what was said, the tongue was less dry, and the pulse less feeble. The same remedies were continued, with meat broth. The next day the amelioration was more decided, but the skin being hotter, the quantity of wine and bark was diminished. This occasioned flagging of the pulse, and the patient made no progress for a day or two: the quantity was again increased, with marked benefit, and the patient advanced towards convalescence without any farther drawback.

**M. PIORRY.**—*Nervous affection and hæmoptysis.*—An unmarried woman, of delicate appearance, aged twenty-four, was received on the 10th of March into M. Piorry's ward, complaining of pain in the thorax and abdomen. She had had short and almost constant cough for the last six months, previous to which period her health was good and menstruation regular. Bleeding, blistering, and various methods had been tried without affording more than transient relief. She had no fever, no expectoration,

the tongue is clean, appetite good; she sleeps at night without cough. Percussion and auscultation furnish no signs of disease, nor does her general appearance indicate its existence, yet she complains much of pain, and shrinks when any part of the thorax or abdomen is touched. I remarked that the cough, though constant while any one was near her, was much less frequent, and often ceased altogether, when she was not conscious of being observed.—Low diet, sweetened gum-water, with syrup of poppies.

March 17th.—No amelioration. On inquiring whether she has pain in the back, she replies in the affirmative, and that it is her principal ailment, although she had never previously mentioned this symptom. Pressure on the spinous processes of the upper dorsal vertebræ causes much pain, which however is also complained of when the skin is lightly pinched up, and when other parts of the body are similarly treated.—Ten leeches to the abdomen, tisane with syrup of poppies.

23rd.—She derived no relief from the leeches, nor from a blister which was subsequently applied; the cough and pain, with extreme sensibility of the surface to the touch, persist: she had yesterday an attack of hæmoptysis with vomiting. (Venesection, demulcent potion.)

28th.—She had a recurrence of the hæmoptysis and vomiting on the 25th, and the venesection was repeated; since which she has been unable to void her urine, which is drawn off by the catheter; the cough and morbid sensibility of the surface are somewhat diminished. She looks pale, and has lost flesh, but never complains of pain in the back, unless allusion is made to it: no action of the bowels during the last four or five days.—Castor oil, potion with syrup of poppies.

April 1st.—During the last three days the acetate of morphine has been administered by the *méthode*.

*endermique*, her spirits are improved, she seldom coughs, and the sensibility of the skin is much diminished.

From this period she gradually improved, and left the hospital to go into the country.

M. Roux.—*Hernia*.—A man, aged forty-five, was received with inguinal hernia of the right side, which descended forty-eight hours previously, in consequence of some exertion: the same circumstance had already occurred several times, but the tumour was always reduced without difficulty. Notwithstanding there was but little pain in the part, and no abdominal tenderness or other symptoms of strangulation, the operation for strangulated hernia was performed, after some slight efforts had been made to reduce the tumour by the taxis. The sac was found to contain omentum, not in an inflamed state, but which had contracted slight adhesions, the impediment to reduction exerted at the external ring. This was divided, and the protruded part reduced without difficulty. No unfavourable symptom ensued.

*Strangulated Hernia*.—A man aged thirty-five was received on 21st February with strangulated inguinal hernia of the right side, which had existed twenty-four hours. There was some abdominal tenderness, and the tumour was painful when touched. The patient had only vomited once, after taking some tea. The operation was almost immediately resorted to, and on opening the sac a portion of intestine of a dark colour was exposed, which, after division of the stricture, was returned into the abdomen without difficulty. Simple dressing was applied to the wound, and a tisane, containing a small quantity of sulphate of magnesia, was prescribed.

On the 23rd the wound was somewhat painful, and the abdomen rather tender to pressure; puls 100 and full, skin hot, and the bowels had not acted since the operation: bleeding to sixteen ounces, an ounce of castor oil in his tisane.



24th. Bowels acted freely, pulse 90, soft, skin of natural temperature, no pain.

March 2. Going on well, notwithstanding there had been no action of the bowels during the last seven days. On the patient mentioning this circumstance, an ounce of castor oil was ordered to be added to his tisane.

10th. Wound healing.

*Staphylorophy.*—This operation was performed on a boy aged twelve. Having, by means of small needles very much curved and a porte-aiguille, passed three ligatures through each side of the division in the palate from behind forwards, M. Roux formed raw surfaces by excising the edges of the cleft, which were brought into contact by tying the ligatures, and all appearance of deformity was removed. The operation, however, did not succeed; union not having taken place on the fifth day, the ligatures were taken out.

*Amputation.*—A man was brought to the hospital with compound fracture of the leg, occasioned by a cart wheel having passed over it. As there appeared to M. Roux little probability of saving the limb, amputation was performed above the knee, soon after the patient's admission. After the operation, the edges of the wound were maintained in exact apposition by straps of adhesive plaster, over which were placed two or three large pledgets of charpie, compresses and bandage. The patient was bled in the course of the afternoon, but did not survive more than thirty-six hours.

In another patient the fore-arm was amputated shortly after the occurrence of an accident which caused a compound fracture and dislocation at the wrist. The stump was dressed in the same manner as in the preceding case. For four or five days, during which the bowels were constipated, the patient appeared to be going on pretty well. Phlebitis, however, supervened, and speedily caused his death.

*Tumour of the neck.*—A tumour about the size of a man's fist, occupying the region of the parotid gland and angle of the jaw, was extirpated. The patient was an old woman, who lost a good deal of blood during the operation, and several vessels were tied. The wound was partly filled with charpie, over which a bandage was pretty tightly applied. Though the patient did not complain the first few days after the operation, her pulse was quick, skin hot, tongue furred, and bowels constipated. No medicine except simple tisane was ordered. On the eighth day the wound presented an unhealthy appearance, and erysipelas of an atonic character extended over the face and neck of the same side. The patient wandered occasionally in her talk, her skin was cool, pulse feeble, tongue furred and dry, bowels relaxed. She was ordered meat broth, and a little wine, but no amelioration took place, and she died after lingering a few days longer in a half dozing state. No visceral inflammation was observed on inspection of the body.

*Gangrena senilis.*—Amputation of the thigh in an old man, aged 65, whose general health was tolerable, though his spirits were greatly depressed on account of some family matters. The whole of the foot was in a state of spaelus, and there existed a distinct line of demarcation between the mortified and living parts, about five inches above the ankle; the patient, however, did not survive the operation more than five days.

As regards the question of amputation in cases of gangrene of a limb, it is now fully generally admitted among the profession, that in traumatic gangrene amputation would offer the greatest chance of saving the patient, provided there existed no counter-indicating circumstances. With respect to idiopathic or senile gangrene, opinion is almost universally adverse from an operation, which has failed in almost all the cases where it has been had re-

course to. But, considering that the larger proportion of cases also succumb when a merely general treatment is adopted, and the separation of the part is left to nature, it is questionable whether it would not in some cases be more advisable to recommend amputation at an early period of the disease, than to condemn the patient to months of confinement and suffering, with a loathsome disease, terminating probably in death.

M. LISFRANC.—*Amputation of the thigh.*—A man, aged thirty-four, underwent this operation on the 4th of April, in consequence of incurable disease in the knee-joint. During its performance he was in a state of great excitement, and constantly singing. His movements displaced the fingers of the assistant, who made pressure on the femoral artery, and a considerable quantity of blood was lost. The stump was dressed with three or four adhesive straps, over which was placed a perforated rag spread with cerate, and extending some distance up the thigh, and over this charpie and a compress. For the first two or three days after the operation, the patient's strength and spirits were very much depressed, and he was affected with colic pains: he was prescribed fever diet, a lavement, cataplasm to the abdomen, and an antispasmodic potion. The stump was dressed daily, as M. Lisfranc always removes the greater part of the dressings twenty-four hours after amputation. These means alleviated the colic, and procured alvine evacuations; he was much better, but on the 8th was attacked by shivering, which lasted two hours, and was succeeded by heat and sweating. The adhesive straps were removed, and a quantity of pus escaped.—Poultice to the stump; sweetened gum-water for drink; chicken broth, farinaceous potage morning and evening.

11th. He was much better, and has had no recurrence of shivering: erysipelatous redness at the upper angle of the wound.—Same prescription.



18th. Going on well: he has been allowed fish during the last few days.

28th. Left the hospital, cicatrization being nearly complete.

*Carcinoma of eyelids*, in a man aged 50. All the parts within the orbit and the eyelids were extirpated, the integuments being removed more than an inch below the infra-orbital ridge, the section having been continued some distance beyond the outer angle. In about a month afterwards the orbit was completely covered with skin, and scarcely a trace of the cicatrix to be seen.

M. BOUILLAUD.—*Typhoid Fever*.—A man, aged 22, admitted 29th March, was taken ill nine days before with shivering, great debility, and headache. He was then bled, took an aperient and an emetic without relief, and on the 30th presented the following symptoms: great prostration of strength, pulse 100, small, and easily compressed, lips dry, tongue red at the tip and edges, brownish in the centre, temperature of the skin no higher than natural; part of the body, and more especially the abdomen, covered with red spots; tension of the abdomen, but no pain, nor tenderness on pressure; bowels constipated. He answers questions clearly, though not at all times very readily.—Venesection to twelve ounces, abstraction of eight ounces of blood by cupping on the abdomen; emollient lavement, potion with syrup of gum.

31st. He says he is worse, but does not complain of pain; pulse 100, small and weak, eruption less vivid, abdomen tympanitic, constipation, dull sound on percussion at the lower and posterior part of the thorax.—Abstraction of eight ounces of blood by cupping; potion with chloruret of sodium; lavement with chloruret; chlorine fumigations and aspersions.

April 1st. He complains of being worse than yesterday, and of excessive debility. Pulse 124, feeble, breath fetid, inability to pass his urine, which

is drawn off—bath with chloruret; other remedies continued.

2nd. Countenance more depressed, skin warmer than natural, pulse rapid and feeble, abdomen somewhat less distended.—Cupping on the abdomen to seven ounces of blood, emollient lavement, potion, and bath continued.

4th. He had copious alvine evacuation after the lavement, and felt greatly relieved; the tongue is cleaner and moist, abdomen more supple, but the pulse is very feeble. He slept in the night, and appears somewhat more collected in his ideas.—Blister to the calf of each leg, solution of syrup of gum, with twenty drops of chloruret; lavement with chloruret.

5th. The patient died early this morning. On examining the body, extensive intestinal lesions were observed, especially about the inferior portion of the ileum.

*Nervous affection.*—A cook, aged 25, unmarried, had enjoyed good health till within the last few months, when her digestion became deranged, with occasional shifting pains in the limbs. Two months before her admission these pains increased, affecting particularly the calf of the leg; palpitation of the heart, and hurried respiration supervened, especially on slight exertions, with frequent dry cough. The case had been regarded as one of disease of the heart, and she had been bled without relief; she was consequently admitted to the hospital on the 24th of January. Her countenance habitually pale, though occasionally flushed; moderate embonpoint, skin rather hotter than natural; pulse soft, and somewhat accelerated, probably from the examination; almost constant cough, and occasional vomiting; complains of pain of stomach, which is tender to pressure. I ascertained, however, that pressing on the vertebræ, scapulæ, or any other part to which her attention is directed, likewise induced pain, and she complained as much when the skin

was lightly pinched up as when pressure was made. The respiration is accelerated, though no morbid sign is exhibited by auscultation. A strong *bruit de souffle*, on applying the stethoscope over the heart, as also over the carotids, no abnormal dulness on percussion. Diagnosis by M. Bouillaud—Chlorosis. She was ordered solution of gum, with ʒj ferri carbonate, and ʒj syrup; quinquinæ daily.

28th. Very little cough, except when under examination; sleeps pretty well; pulse 80; still complains of pain in various parts, and calls out on being lightly touched, unless when her attention can be diverted. The *bruit de diable* heard on ausculting the cardiac region, but more strongly over the carotids. 31st. Much better. Dismissed cured, in the beginning of February.

*Rheumatism.*—A man, aged 26, admitted January 6th, with sub-acute rheumatism affecting principally the right wrist and fingers, but also pain in the knee and other joints. On ausculting, slight *bruit de souffle* in the cardiac region, and the pulsation of the heart less distinct than natural; no cough or difficulty of breathing; pulse frequent, soft, and expanded; tongue white. The pain is severe, and prevents him sleeping. Cupping on the wrist, and cataplasm; to drink solution of syrup of gum; emollient lavement.

7th. Though only three ounces of blood were abstracted, he feels better, and slept better. Pulse 80, soft. Sixteen leeches to the wrist. Same remedies continued.

9th. Much relieved by the cupping, very slight fever, wrist diminished in size, no *bruit de souffle*, tongue clean.

12th. General condition improved, no pain, and very little swelling of wrist: solution of syrup of gum, lavement, application of mercurial ointment to the wrist.—15th. Cured.

M. LOUIS.—*Pleuro-pneumonia.*—The patient was



a boy, aged 16, who had formerly had attacks of pleurisy; six days before admission he was seized with fever, pain extending all over the left side of the thorax, cough, and dyspnœa: these symptoms went on increasing in intensity till the period of his reception on the 22nd of April. On the 23rd, in addition to the above-mentioned, he presented the following symptoms,—pulse quick but compressible, expectoration of puriform matter, on right side of thorax respiration more audible than natural, on left side bronchophony and diffused *râle crépitant* beneath the scapula, dull sound on percussion of the inferior and posterior part of the same side.—Bleeding to sixteen ounces; tisane.

24th. Ten ounces more blood were extracted last evening, and he feels better; the dyspnœa is less oppressive, and expectoration more free; skin of natural temperature; pulse 130 soft; inspiration forty times in a minute; mucous *râle* extensively diffused on the posterior part of left side of the thorax. (Bleeding to twelve ounces; a potion containing tartarized antimony and syrup of gum.)

25th. The blood buffy and coagulum firm; less dyspnœa, but percussion still yields the *son mat*; tongue white, bowels relaxed.—Potion with eight grains of tartarized antimony.

27th. Countenance sunk, lips dry, pulse quick and weak; bowels relaxed, intellect somewhat obtuse. Decoction of rice sweetened; aromatic potion with twelve grains of tartarized antimony; and an ounce of syrup of poppies; Burgundy pitch plaster on left side of thorax. These measures procured no advantages, and he died on the 28th.

*Examination.* Extensive adhesion of pleura with false membrane on left side of thorax; inferior lobe of left lung hepatized; on right side universal pleuritic adhesion from previous attacks.

*Typhoid fever.*—A young man, aged 24, who had been indisposed, and troubled with diarrhœa for two

months, on becoming worse, was admitted to the hospital on the 6th of January, with headache, prostration of strength, pulse 90, full, bowels confined for the preceding two days; tongue coated; no abdominal pain, but some tenderness in the right iliac region on strong pressure; respiration normal, no sudamina or eruption, countenance good, intellect clear. He was bled to  $\text{xxii}$ , the blood being buffy, with firmly adhering coagulum. On the next day, the heat of skin was diminished, the pulse soft, 96, moderately developed. Has still headache, with slight cough and sputa tinged with blood. On auscultation, some mucous *râle* on left side of thorax. Venesection  $\text{xxii}$ ; cupping on ileo-cæcal region to the same quantity; three pots of solution of syrup of gum, with fifteen drops of chlorine solution in each; chlorine aspersions; lavement.

9th. Slight headache, no abdominal tenderness; pulse 90, soft and compressible; tongue white and moist, skin of natural temperature. The cupping and the other remedies were repeated yesterday, and the bowels acted after the lavements. He complains of feeling very weak. Solution of syrup of gooseberries with the chlorine solution; cataplasm with chloruret to the abdomen, and lavement. A similar treatment was pursued on the following days, and no further circumstances occurred to retard his recovery. He was dismissed on the 2nd of February.

M. GERDY.—A young man of a cachectic jaundiced appearance, though with no visceral disease, had his thigh amputated for disease of the knee; he went on very well for first few days, and was kept on fever diet. Diarrhœa, however, supervened, and was increased by taking soup or food. He was ordered rice water, an emollient mixture, with syrup of poppies, and starch lavements, with six or eight drops of laudanum in each. The skin and muscles of the stump had retracted so as to

leave some projection of the bone. On the fifteenth day after the operation, his appearance was emaciated and jaundiced; diarrhœa still continued, though his appetite was tolerable. Pulse 100, weak. Very little discharge from stump, but the muscles had been brought more over the bone by adhesive plaster, over which cerate, charpie, and compresses were applied. Ordered tapioca lavements with laudanum, emollient mixture with syrup of poppies. On the twentieth day, still diarrhœa, and patient greatly emaciated. He had taken for the last few days a little Bordeaux wine. Not being able to retain the tapioca, ordered to suck mutton chops. Lavement with laudanum, ten drops; mixture with syrup of poppies continued. He afterwards appeared to rally for a few days, the diarrhœa having ceased; but the amelioration did not last, and he died about the thirtieth day from the operation.

It is very probable that in such a weakly individual, where there was but little liability to inflammation, had the low and watery diet not been continued too long after the operation, the result would have been different.

M. SICHEL.—*Ptosia*.—A child was brought to the dispensary with falling of both the superior palpebræ, so as to give it the appearance of labouring under disease of the brain. Alum lotions were recommended, and effected a cure in about three weeks.

*Arthritic ophthalmia*.—A woman, aged 50, of full habit, applied to the dispensary, December 6, with conjunctival and sclerotic inflammation of the right eye. There was a good deal of photophony, the iris was discoloured, the bluish circle round the margin of the cornea indicative of arthritic inflammation, and a glaucomatous tint was perceived on looking into the eye. Bleeding sixteen ounces, to be followed by twenty leeches over the zygoma next day; a purgative of Seidlitz water; mustard foot-bath.

9th. The scleritis and photophony much dimi-



nished, though the arthritic circle is very distinct, as are the discoloration of the iris and the greenish appearance at the bottom of the eye. Ten drops of vin. sem. colchici four times a day; frictions, with mercurial ointment and extract of belladonna, on the forehead. By continuing this treatment for ten days, a marked improvement took place, and the patient did not return.

*Amaurotic amblyopia*.—A woman, aged forty-five, of full habit, subject to headaches, was attacked with dimness of sight in both eyes, accompanied with occasional muscæ volitantes, and sluggishness of the pupil to the action of light. Bleeding to twelve ounces to be repeated three times at intervals of a week; an occasional purgative of Seidlitz water. At the end of the three weeks she felt herself much better, and her sight was clearer. Twelve leeches before the ears. Extr. aloes, gr. xii; sulph. sublim. ʒiv; mucilag., q. suff. pro. pil. 48. Capt. pil. iii nocte maneque quotidie. These were continued for a fortnight, when the cure was complete.

*Exophthalmos*.—A boy, twelve years of age; both eyes enlarged at the age of six years, and one burst; the other eye had continued protruding beyond the palpebræ, all the parts being increased to twice their natural size; notwithstanding which, the patient could read, and vision was but little affected. M. Sichel proposed in this case, in the event of the eye becoming worse, or vision failing, to puncture the eye with a fine needle, and to endeavour to act upon the absorbents by medicine.

M. VELPEAU.—*Enlarged bursa*.—A man was admitted the 31st of December, with a large synovial cyst covering the bursa mucosa above the left patilla, and extending some distance up the thigh. The swelling first appeared three years ago, and had gone on increasing, but without impeding progression. About two months previous to admission, the right knee likewise began to swell; a fibrous

substance is felt above the outer condyle. His general health good. Blisters had been applied, but they were too small to make any impression on the swelling. M. Velpeau prescribed a large blister to cover the whole extent of the swelling, (twelve inches long and eight broad,) and stated that he had never seen any unpleasant symptoms arise from these large blisters more than from small ones. The next day, on account of a slight accession of fever, it was removed; the tumour appeared to be diminished in size.

January 20th. The blister had been repeated, and the right knee was much lessened; the left was also smaller. This had been treated by the application of mercurial ointment and bandage, so as to keep up some degree of compression.

22nd. Prescribed pills of calomel in small doses, mercurial ointment and bandages to the knees; from which treatment, after a few more days, their size had materially diminished.

*Amputation in the knee-joint.*—This operation was performed on a man on the 4th of December, on account of disease of the tibia of several years standing. The stump was dressed as usual with pledgets of charpie, compresses, &c. The next day, the patient complained of a good deal of pain in the stump; had scarcely slept in the night; pulse 98, full; skin warm. Bleeding to  $\bar{3}$ xiv; tisane.

7th. Slept better last night, less headache, pain and starting of the stump; the skin is, however, hot; pulse 110, rather full; bowels have not acted since the operation, and the patient begged to have some medicine to relieve the constipation; tongue white and moist; bleeding to  $\bar{3}$ x; lavement.

8th. The enema was retained without producing any action on the bowels. He complains of pain of the stump, which is inflamed, and matter is collected beneath the skin; union having taken place where the sutures (fine pins and twisted suture) were ap-

plied, the adhesive plaster was removed, forty leeches ordered to the stump, and a poultice to the wound.

9th. Was a good deal relieved by the leeches, and slept in the night; complains, however, of sense of weight in the head, pain, and tenderness up the thigh; no rigor; pulse 100, resisting; skin warm; tongue white, rather dry. The bowels have not acted, and he expresses himself sure that he should be much better if they were relieved. The abdomen slightly tender to pressure, but not distended. A good deal of discharge of bad quality took place from the wound, and a sense of fluctuation was perceptible over the inner and outer condyles; but on incisions being made, no matter came away. The pins and sutures removed, and a large cataplasm to be applied over the stump; tisane, soup.

10th. Lies in a state of half stupor, and is disinclined to answer questions; no pain; pulse 100, expanded and compressible; bowels still constipated.

12th. The bowels acted freely in the night for the first time since the operation; no material change in other respects.

14th. Much depressed, countenance sunk, pulse quick and feeble; free discharge of matter from the wound, but not of good quality.

15th. Extensive suppuration among the muscles of the thigh, and an incision made yesterday half way up gave issue to a considerable quantity of matter. Hemorrhage took place in the evening from the wound. Pulse now rapid and weak, countenance sunken; has taken bouillon during the last few days. An anodyne potion.

17th. Died. On examination, no visceral disease; the extremity of stump highly inflamed and suppurating; as also the bursa mucosa of the patella, with collection of matter in considerable quantity among the muscles and cellular texture of the thigh.



## FRENCH PROVINCIAL HOSPITALS.

## LYONS.

The Hôtel Dieu stands on the quay of the Rhone, of which the façade occupies a considerable extent, and is surmounted by a dome, forming the most striking architectural structure in the city. The wards are of great length, but well ventilated: the number of beds is twelve hundred, a large proportion of the cases being surgical. There are seven physicians, and three surgeons, who lodge in the house. Lyons being a secondary school of medicine, lectures on the various branches of study are delivered to about one hundred students.

This hospital, as well as the Hospice de la Charité, is governed by an administration composed of some of the most influential inhabitants, under the presidency of the mayor and archbishop. The last-named institution is for the reception of four hundred and fifty old people, and those affected with incurable diseases; exposed or forsaken children under ten years of age; and pregnant unmarried women, in the last fortnight of their pregnancy: the whole number of beds amounts to eight hundred. There is a revolving box, as at the *Enfans Trouvés* in Paris, in which infants, who are abandoned by their parents, are placed, to be received in the house. Three *sœurs de la Charité* sit up to superintend this department. On the following day the greater number of infants are sent to the country; a correspondence being kept up with the different districts, whence they are provided with nurses. Those which are ill are retained in the infirmary, which contains thirty cradles, twelve being for deformed or syphilitic infants. The number admitted averages eighteen hundred annually, a much larger

number in proportion to the size of the town than Paris, or other large cities. There is likewise a part of this establishment for the treatment of sick children, between the ages of four and twelve; among them are several epileptics. Scrofula, and diseases of the eyes, are the most common complaints. A physician resides in the house for six years, and receives a salary.

The Hospital of the Antiquaille is a large building, on the hill of Fourvieres, overlooking the city, for the reception of patients with cutaneous and syphilitic diseases, and also for the insane. Two physicians and a surgeon perform the professional duties. The surgeon is M. Baumés, author of a work on syphilitic diseases, who visited London some years ago, and to whose published remarks on English practice I have alluded in the parallel.

It would appear that at Lyons mercury is not unfrequently employed in large doses; and its use is often to be suspended on account of copious salivation. According to M. Brachet, author of the "*Expériences sur le Système Nerveux Ganglionnaire*," it is by some considered almost a panacea in inflammatory diseases, whether of the brain or of the thoracic and abdominal viscera,\* as well as in diseases of the eyes and other parts; the doses being much larger than those given in this country; and also by inunction of from one to two ounces of mercurial ointment daily. Gargarisms, containing acetate of lead, and this substance, given internally, are employed to remedy the prejudicial effects which frequently ensue upon the mercurial treatment.

MM. Bonnet and Petrequin are the resident surgeons of the Hôtel Dieu: the former makes his visits clad in the black doctor's gown and cap, as was the custom in by-gone times; considering that it has a more impressive effect upon the mind of the

\* *Compte Administratif des Hôpitaux Civils de Lyon. 1838.*

patient. This gentleman is well known by his investigation and elucidation of various points of surgery, on which he has published numerous memoirs in the journals. His last work treats of the section of muscles and tendons, in squinting, myopia; stammering; club-foot, and other contractions; and appears to me to be the best which has been published in France on this subject. He discriminates with justness those cases of stammering in which an operation may be performed with prospect of advantage, and those in which it should be avoided. In performing this operation, M. Bonnet first proposed and practised the subcutaneous section of the *genio-glossi*, a puncture being made with a narrow knife through the skin, about an inch behind the symphysis of the jaw-bone, and the attachment of the muscle to the bone divided on either side. In several cases of myopia, and disposition to fatigue of the eyes, he has divided with success the inferior oblique muscle: for the account of this method, and the reasons which led him to adopt the operation, I must refer to his work. M. Bonnet has in the press a *Treatise on Diseases of the Joints*, and a work on *Diseases of the Urinary Organs*.

M. Petrequin is likewise one of the most zealous cultivators of surgical science, among the younger members of the profession in France; and has distinguished himself by various talented publications. His brochures on the employment of *nux vomica* in paralysis, and on diseases of the eyes, contain much original matter, and may be read with interest. M. Petrequin has also published his remarks upon Italian medical institutions, made during a journey in that country.

Fractures of the thigh are treated in the *Hôtel Dieu* by an apparatus of iron-wire, lined with padding, which encases both the inferior extremities and the pelvis, extending nearly up to the arm-pits, and but that it is open in front, (the anterior part of the



limbs being protected with compresses, the lateral parts of the apparatus are approximated to each other by straps,) might be likened to a pair of trousers. This keeps the pelvis more firmly fixed than other kinds of apparatus, and is especially advantageous in fractures of the upper part of the bone. Fractures of the leg are placed in a case of iron-wire, padded, and apparatus of a like nature are employed in some diseases of the joints, where the object is to prevent motion of the part. But little medicine is given in surgical disease, and the mode of dressing is in general similar to that of the Parisian hospitals. Stone is not common at Lyons; when lithotomy is required, the lateral or the bilateral operation is preferred, though lithotomy is sometimes superseded by lithotrity. Hydrocele is treated by injection with solution of tincture of iodine. In gonorrhœal ophthalmia, a portion of the conjunctiva is sometimes excised, the part being subsequently touched with nitrate of silver, as proposed by M. Sanson; depleting measures and calomel being at the same time employed. In one case, in which eight days had elapsed since the commencement of the disease, the treatment was unsuccessful.

In 1837, nearly thirteen thousand patients were treated in the Hôtel Dieu; the average mortality being one in seven and a half.

#### MARSEILLES.

The Hôtel Dieu was founded in the twelfth century, as a civil and military hospital for the treatment of acute diseases. It stands on a hill overlooking the port, the ascent to which is so steep, as to oblige the medical attendants to leave their carriages at the bottom. Being surrounded by narrow dirty streets, the position is by no means healthy; and as the building encloses only a small court-

yard, there is no space for the convalescent patients to take exercise. In the *Salles de Fièvreux*, or more properly the medical department, chronic as well as acute cases are received. There are separate wards for individuals of the Protestant religion, as well as for those who pay something for their own maintenance. Sailors belonging to any of the ships in port are likewise received, on the captain's paying for them two francs a-day; in cases of accident, however, they are admitted gratuitously. The men's surgical wards are long, spacious, and lofty, containing one hundred and fourteen beds. There are separate wards for syphilitic patients of both sexes, which no strangers or pupils are allowed to enter. The women's ward is smaller and less clean than the men's. There is an accident ward, and an operating theatre in the men's and women's department. Two chief physicians, two chief surgeons, a resident clinical physician, and a surgeon, perform the duties. Accidents and operations are not of such frequent occurrence as might be supposed, from the size and bustle of the town. Stone is rare in Provence; not more than two or three cases are annually seen in this hospital. The most prevalent diseases are, pneumonia, pleurisy, bronchitis, cynanche tonsillaris, and scrofula, especially in spring and winter. Intermittent fevers are not common; continued fever is occasionally very prevalent; the treatment is by bleeding at the outset in some cases; leeches to the epigastrium; saline laxatives, as Sedlitz water, and injections of a solution of chloruret of soda; calomel and the purgative extracts are but seldom used. In the advanced stages of the disease, tonics are frequently given with advantage. In pneumonia, a full bleeding at the outset; antimonial powder, in doses of six or eight grains every three or four hours, and subsequently blisters to the chest, are the means mostly relied upon. Cynanche tonsillaris is almost

always treated with emetics at the commencement, which are found very successful in cutting short the disease; when, however, they fail, leeches to the throat, and other antiphlogistic means, are employed. Rheumatic complaints are not so prevalent as in many other parts, where there is less dryness of the atmosphere.

Medicines are not usually given in surgical diseases, unless when arising from a constitutional cause: thus, in scrofulous affections, iodine is very generally given. Primary syphilitic ulcers are usually treated by simple applications, and a mild mercurial course; in secondary symptoms, mercury is administered internally, the oxymuriate being mostly preferred. In more obstinate cases, which have resisted the usual methods, the patient is placed upon the "dry diet," which is exclusively employed here, and which approaches somewhat to the "Hunger Kur" of the Charité at Berlin. The patients are allowed eight ounces of stale bread a-day, and nothing else to eat, except a limited quantity of dried fruits, as figs, almonds, and raisins; in a few exceptional cases, a small quantity of meat is allowed; the only beverage being a strong decoction of sarsaparilla. This plan is continued for a period of from forty to fifty days, and is said to succeed in many of the worst and most intractable forms of the disease. From 1825 to 1834, the mortality in the civil department of the hospital averaged one in eight and three quarters; in the military department, one in nineteen and a half.

Hospital St. Joseph.—This hospital, placed also in a close unhealthy situation, contains one hundred and eighty quiet insane patients of both sexes. Each department has a court-yard, where the patients walk about in the day-time. In the dining-room there is no table, but a stone in the centre, and benches around; each receiving his portion separately. The number of females greatly exceed that



of males. They have no occupation, nor is any medical treatment adopted, unless for those labouring under any bodily complaint. There is only one medical attendant attached to the institution, and the number of superintendants is extremely limited. This hospital, however, though bad enough, is yet much better than that of St. Lazare, situate close out of the Aix gate, for the reception of the more violent patients; and in no part of Europe which I have visited, (the old establishment of Genoa excepted,) are the insane so shamefully neglected. The superintendant of the hospitals of Marseilles, who conducted me over it, was aware of the effect a visit would be likely to produce, and said, *J'ai vraiment honte de vous y mener*.<sup>\*</sup> The want of sufficient funds was alleged as the reason why the new hospital which was commenced was not completed, though it is to be hoped the impediment is, ere this, removed. The whole number of patients in the house amounted to seventy males and sixty females; not more than five men being employed to control the former. The whole establishment is superintended by *sœurs de la Charité*, under the direction of a *superieure*. The cells are ranged along corridors, and contain, some one, some two, some four, inmates. The window of each cell has an iron grating, and the doors are secured by strong bolts and locks. In the day-time the patients assemble in a small triangular court-yard, around which are twenty-one cells, aptly termed *cachots*, being dark, damp, and dirty dungeons; whence issues a combination of offensive smells. The patients lie in these on straw on the floor, several of them confined in the strait waistcoat; and it is only a few years, on the occasion of a visit of M. Ferrus, from Paris, that the use of chains as a means of repression was discontinued. Among the

<sup>\*</sup> I have not heard whether any improvement has been effected since my visit to Marseilles.

patients were two women, admitted in 1834, occupying the same cell: the one was continually talking, without moving; the other was in constant motion, but never spoke. The dumb one dressed and undressed her companion, who never ceased to utter words without meaning, but never moved; whether separate or united, they were always the same. The *rapport* of the administrative committee says, with reference to this hospital, "*Elle ne donnera non plus aucune description des localités de l'hôpital St. Lazare, le tableau en seroit trop affligeant.*"\* "The patients have no occupation, no recreation; every thing tends to recall to their memory the cause of their disease, and to prevent or retard their recovery."†

The Hôpital de la Charité, containing upwards of one thousand beds, comprises an asylum for aged persons, who are employed in various kinds of work, a lying-in department, and one for foundlings. The number of women delivered averages two hundred a year. The wards for the children are close; and the little air which they contain is effectually excluded by the cradles having thick curtains, which are generally closed. On seeing so many cradles with closed curtains, I naturally concluded they were empty, and was much astonished, on the curtains being drawn, to perceive that each contained two or four infants. The mortality is doubtless immense, and the wonder is that any should escape. No positive account of the average mortality could be given by the house-physician. I remonstrated strongly upon this state of matters, which appears to be sanctioned by long usage. Many of those who die succumb to gastric irritation, for which no treatment beyond demulcent drinks appears to be adopted. Purulent ophthalmia is common, and is treated by emollient collyria.

\* *Documens statistiques sur les Hôpitaux de Marseilles.*

† *Ibid.*

The Hôpital St. François is an appendage to the Hôtel Dieu, for the reception of syphilis, psora, and other cutaneous diseases. It was used as a cholera hospital during the prevalence of that disease.

With respect to the climate of Marseilles; the heat in summer is so great, as to keep people within doors till the evening. The rain falls occasionally for several days together; but in general the country is parched up for want of rain, and the roads are excessively dusty. The air is sharp, and the sky frequently cloudless in winter, which season is usually very cold, owing to the *mistral*, or northern wind, frequently prevailing, especially in the spring, at which time the sun has considerable power, so that not only invalids, but also persons in health, experience the baneful influence of these opposing influences. This wind was said by the ancient Romans to be at times so powerful, as to raise into the air stones as large as a man's fist, accompanied with clouds of dust and gravel, and that it not unfrequently overturned carriages and horses. Consumption is very common at Marseilles, being frequently the consequence of inflammatory attacks.

#### NISMES.

Nismes, with a population of forty thousand inhabitants, possesses a neat hospital, termed also Hôtel Dieu, with a stone façade, and enclosing a court-yard. The number of beds amounts to three hundred, arranged in clean and airy wards, extending the whole length of the wings on either side; the female patients being on the first floor, the men on the second. There are smaller wards for Protestants, and a ward of twelve beds for syphilitic patients. At the head of each bed is the name of a saint, under whose protection the occupant for the time is supposed to be; the female beds having the



names of female saints. The greater number of cases are chronic.

There are two physicians and two surgeons, who take the duty in rotation every alternate four months. Consumption is very frequent, as is also scrofula. The treatment of disease is not grounded upon any exclusive method; demulcent and sweetened drinks, digitalis, squill, the lauro-cerasus, and occasional laxatives, are the most usual remedies. Rheumatism is more common than at Marseilles. The treatment of syphilis and gonorrhœa presents no marked peculiarity: in orchitis, purgatives are freely given as revulsives, leeches being but rarely resorted to. Stone is more common than at Marseilles, there being generally four or five operations a year.

There is likewise on the Boulevards an Hospice, containing three hundred beds, for old and infirm people, and orphan children, who are instructed in reading and writing, and are taught some trade: at the back of the building is a court-yard, around which are forty cells on the ground and first floor, for insane patients. This department is merely a place of detention, as no treatment is adopted.

#### MONTPELIER.

This town contains about thirty-one thousand inhabitants, and is the seat of one of the medical faculties of France. The Ecole de Médecine is a neat building, with a long façade, adjoining the cathedral; over the door is a cock, in bas-relief, with the inscription, *France, Esculape*, of both of which it is the emblem. The first floor is chiefly occupied by the library; on the ground-floor is the examination-room, with portraits of Chaptal, Delpech, and other celebrated men, who have been an honour to the Montpellier school. The amphi-

theatre for the delivery of lectures is handsome, and capable of containing twelve hundred persons. There are likewise a hall, containing stone busts of celebrated medical characters, and a small anatomical and pathological museum, with some wax preparations from Florence, and representations of the course of the blood-vessels, executed in wire upon a skeleton. The building likewise contains commodious dissecting-rooms.

The plan of study is much the same as at Paris, but there are not such facilities for anatomy, on account of the small size of the town. The number of students is about five hundred, which is less than formerly: the clinics are held in the public wards of the hospital; the clinical examination for the diploma takes place at the bedside of patients. The general examinations, however, are said to be conducted with great leniency.

The civil and military hospital of St. Eloi is a handsome edifice, built upon colonnades, and enclosing two spacious court-yards: it contains upwards of one thousand beds, of which four hundred are occupied by military and syphilitic patients, though it is seldom that the number of the latter in the house exceed one hundred. The wards are long, spacious, and airy; the beds are without curtains, and placed at a proper distance from each other. Two chief physicians, and two chief surgeons, are attached to the hospital, and take charge of the patients, each for four months alternately. Professors Lallemand and Serré have charge of the surgical department; the latter was on duty at the time of my visit: the surgical patients are more numerous than the medical, many being sent in from the neighbouring towns and country.

Professor Lallemand is well known as one of the most distinguished French surgeons, and as having enriched the science by improvements and elucidations on several points of practice. One of his latest

works, "*Des Pertes Seminales Involontaires*," especially, attracted great attention at the time of its appearance. M. Lallemand considers the emissions to arise in most instances from anormal irritability of the vesiculæ seminales and vasa deferentia, depending upon an inflammatory condition of these parts, and of the urethra, which is not unfrequently evident at these urethral orifices upon post-mortem inspection. The principal remedy upon which he relies is cauterisation of the prostatic portion of the urethra; and the several cases which he has published appear to afford just grounds for the more general adoption of the practice; though at the same time it should be borne in mind that this affection frequently arises from constitutional debility, nervousness, or too excitable imagination, and vicious practices, in which the mere local treatment by caustic application would either do harm, or not be productive of good effects. This may account for the failures which have attended the too indiscriminate adoption of the practice by other surgeons.

The medical practice at Montpellier is not so much based on exclusive theories, as in Paris, and is also less experimental. Inflammation is not considered to be so generally the cause of some diseases as in the capital; and a greater degree of attention is paid to the peculiarities, the condition, of the vital powers, &c. in individual cases, as forming the grounds of indication for the treatment. Hence the practitioners of the Montpellier school were termed Vitalists, as opposed to the Broussaists, who saw inflammation in almost every case which came under their observation. The surgical practice is also less purely manual and mechanical than at Paris; many diseases being treated, as in England, by internal medicines. Stone is not often seen in the hospital; when operated, the lateral operation is preferred. In some cases of vesical catarrh, injections of a solution of nitrate of silver are used with



advantage: strangulated hernia is operated immediately, without losing time in attempts at reduction; if these fail after a first trial after the operation, a laxative (as sulphate of magnesia in linseed tea, or castor oil) is administered. Diseases of the eyes are treated by the combination of general and local measures. M. Serré usually operates for cataract by depression; in three cases, which occurred shortly before my visit, he had performed keratonyxis with success: in ulceration of the cornea, with chronic inflammation, cauterisation with nitrate of silver is employed. Simple fractures of the lower limbs are treated by starched bandage, or a casing of the limb in plaster of Paris; in compound fracture, the many-tailed bandage, and lateral splints, are applied. After amputation, M. Serré unites the integuments by sutures, and adhesive plaster, employing but little charpiè, or additional dressing. He has published a work on the advantage of union by the first intention. As an illustration of the necessity of duly attending to the state of the vital powers, and to the influence of the mind in disease, and after operation, M. Serré mentions the case of a regimental fencing-master, whose arm was amputated in consequence of an accident. The operation was well performed, and everything appeared to promise success; when on the same evening the patient, who had hitherto shown great firmness, fell into a state of complete mental dejection. Surprised at this change, M. Serré questioned the patient, and ascertained that he was oppressed at the thought of not being able for the future to provide for his family. He therefore represented the circumstance to the commander of the division to which the patient belonged, and brought him back the assurance that he would not be deprived of his place. "Immediately," says M. Serré, "his countenance brightened up, the pulse became firmer, the natural warmth of the skin was restored, his strength ap-

peared to increase visibly, and he progressed without any further obstacle towards recovery. Thus, gentlemen," continued M. Serré, in his address to the students, "you see that the merit of the surgeon does not merely consist in knowing how to perform operations. Suppose this patient to have been under the care of a good operator, but inattentive in other respects, or not endowed with sensibility to feel for the peculiar position of this soldier, the consequence would be that he would have certainly died." \*

In the venereal wards, gonorrhœa is treated, in the acute stage, by antiphlogistics and baths, and subsequently by cubebs, copaiba, or a mixture of the two; in the more chronic forms, injections are prescribed, of a solution of nitrate of silver, (one quarter of a grain to the ounce of water,) and in more obstinate cases by a mild mercurial course. In primary sores, a mild mercurial treatment (the oxymuriate) is prescribed. Calomel and frictions are used only in occasional cases. In the secondary and long-standing forms the muriate of gold is mostly used, in doses of one-eighth or one-twelfth of a grain. M. Serré speaks highly of the results of this method, which is pretty universally adopted in Montpellier. The same remedy produces very good effects in scrofula, which is very common. Bubo is punctured, to allow the matter to escape, as soon as its existence is ascertained. Among the patients was a man who had large warty excrescences at the margin of the anus, extending up the rectum, which had been supposed to be cancerous, having resisted various methods of treatment, but which subsided rapidly on the application of mercurial ointment to them, their size having materially diminished in eight days. In the accident ward I saw also a girl who, in an epileptic attack, had fallen into the fire,

\* *Compte rendu de la Clinique Chirurgicale de l'Hôtel Dieu de Montpellier.*

and severely burned her forehead: during the whole time of the treatment she had no recurrence, though the attacks had previously been very frequent. I have recorded a similar case in my work on "Nervous Disorders," as corroborative of the purely functional nature of the disease.

The *Hôpital General* is a large edifice on the Boulevards, enclosing several court-yards, planted with trees, and containing eight hundred beds, for the reception of aged and infirm individuals of both sexes, foundlings, pregnant women till after delivery, and insane patients. There is likewise a ward of thirty beds for syphilitic patients belonging to the town: here mercurials and diaphoretics are more used than the preparations of gold. The department for the insane is detached from the rest, and contains about two hundred patients, the males being in greater proportion: the cells for the maniacal patients open out upon a court-yard, surrounded by a neat colonnade, each containing no other furniture than a bed; those individuals who are dirty in their persons lie upon straw, which is changed daily, and the greatest cleanliness is observed: the more tranquil patients sleep in dormitories, and assemble at dinner. Behind the establishment is a large garden, in which some are employed in digging, and others play at bowls or cards. The plan of the female department is similar; several of the patients are employed in knitting, sewing, &c.

About thirty *pensionnaires*, who pay each six hundred francs annually, have a dormitory to themselves, and are supplied with a superior quality of food. The superintending physician visits three or four times a week; and there are two house-physicians. Paralysis, as consequent upon mental aberration, is rarely met with.

Baths form a principal means of treatment: the baths are supplied with douching apparatus, which



is likewise frequently used (douches of cold water on the head) in states of cerebral exaltation. Bleeding is not often had recourse to; occasional laxatives, the cherry-laurel, and digitalis, are among the remedies most frequently prescribed.

La Crèche for the *enfants trouvés* is a neat airy ward, containing thirty cradles, furnished with light, white curtains. But few infants, however, are retained in the establishment, most of them being speedily provided with nurses, and sent into the country.

The position of Montpellier, on the acclivity of a hill, with a northern aspect, renders it extremely exposed, and the *vent de bise* is consequently felt in all its violence. As in Provence, the earth, during great part of the year, is parched up for want of rain, and the dust lies thick upon the ground. The heat in summer is extremely oppressive, obliging the inhabitants to remain within doors in the daytime. Inflammatory affections of the air-passages, and the mucous membrane of the alimentary canal, consumption, and diseases of the eyes, are the most prevalent complaints. To certain individuals, however, the climate of Montpellier or Marseilles would not be unsuited; as in some cases of asthma and bronchial relaxation, without much tendency to inflammation, but accompanied with a copious secretion of mucus; an equal, if not a greater, degree of advantage would, however, in similar cases, often be derived from some of the Italian towns, which offer more *agréments* for a winter residence. Certain dyspeptic and rheumatic patients would also find themselves benefited by this kind of climate.

#### TOULOUSE.

The hospital is a neat brick edifice close to the handsome bridge over the Garonne; consisting of a

central portion and two wings, enclosing a large court planted with trees. It contains three hundred beds, mostly occupied by medical cases. There are two physicians; one has the charge of the male patients, the other of the females for six months; at the expiration of that period they change places; a surgeon and an assistant-surgeon. The wards are extremely wide, so that they can be but imperfectly warmed in winter. Most of the beds have green curtains, and a baize coverlet of the same colour. There is likewise in the hospital a ward for foundlings. Divine service is performed daily in the chapels at the end of the wards; this is also the case at several of the Italian hospitals.

Scrofulous affections are more common than in the drier air of Provence. Iodine, tonics, and muriate of soda in the dose of a dessert spoonful three times a day in water sweetened, are the most frequent remedies. Simple fractures of the leg are treated by the starched bandages, the patients being allowed to walk about with crutches after a few days. There are no syphilitic wards, these cases being received among the others. The treatment by proto-ioduret of mercury (in doses from one to two grains) is the most usually adopted in primary symptoms. In some of the more untractable secondary symptoms, the preparations of gold, (cyanuret,) are employed. After amputation, the integuments are brought into apposition by sutures and plaster. Ulcers of the legs are treated upon Baynton's principle of strapping and bandage, patients being allowed to walk about. Depression is the operation most usual for cataract. In strumous and other varieties of ophthalmia, leeches, laxatives, tonics, and mildly stimulating collyria, according to circumstances. The occurrence of erysipelas is not unfrequent: smearing the part with mercurial ointment, combined with internal remedies according to circumstances, is the usual treatment. When there is suppuration, or

threatening of mortification of the cellular texture, free incisions are made, as proposed by Mr. Lawrence. M. Dieulafoi, the surgeon, enjoys a high reputation. Intermittent fevers are very common at Toulouse and its neighbourhood, and frequently present the complication of enlarged liver or spleen, and dropsical effusions. In these cases, diuretics, especially squills, are given. In typhoid fevers, moderate bleeding at the outset, leeches to the epigastrium or temples. When there is an undue degree of vascular action, laxatives, emollient potions, cataplasms to the abdomen, and enemata, are the most usual means, unless when special indications require the adoption of other measures. In pulmonary inflammation, one or two full bleedings, followed by tartarized antimony, (ten or twelve grains a day,) is the most usual method; expectorants and counter-irritants being subsequently employed after the inflammatory action is subdued. In acute rheumatism, sanguineous depletion, diaphoretics, and colchicum are employed.

Here, as at Lyons, Marseilles, and most other first-rate towns, there is a secondary school of medicine, a medical and chirurgical society, as well as other scientific institutions. The medico-chirurgical society of Toulouse is always fully attended. A volume of transactions is published annually.

The Hospice St. Joseph is a newly-constructed and handsome edifice, with a large church enclosing spacious court-yards and gardens, containing about twelve hundred beds. The occupants are engaged in various works and manufactures. There is a division separate from the rest for three hundred insane and epileptic females; the cells are on the ground floor, and are kept very clean. The epileptic and tranquil patients sleep in wards, but in the daytime walk about with the rest in the courts. A few of the patients, who neglect personal cleanliness, are kept fixed on *chaises percées* during great part of the



day. The violent patients walk with the others, with their hands confined in a case. Scarcely any medical treatment appears to be adopted, except occasional baths. Some knit and sew, but the majority pass their time in idleness. Paralysis is not frequently seen among them.

The climate of Toulouse in winter is generally mild, without the dryness of Provence or the humidity which prevails on approaching nearer Bordeaux. Cold winds are, however, sometimes severely felt; the west wind, sweeping over the Atlantic, is charged with moisture, and is exceedingly trying to invalids. Rain not unfrequently falls, the weather being variable from day to day; but the daily range of temperature is not so great as in Provence and in Italy. In the autumnal months the weather is usually fine till Christmas; in spring, cold and damp winds are prevalent, frequently alternating with rain.

#### BORDEAUX.

The Hospital St. André is one of the handsomest in Europe: its long façade, with central portico and dome, having a striking appearance from a distance. It is two stories high, and is built with colonnades both on the ground and first floors, into which the wards open. A piece of ground in the centre, planted with shrubs, enables convalescents to take walking exercise. The wards are airy and extremely clean, six being appropriated to the surgical cases, and two for chronic cutaneous disease. They are all of the same size; each contains forty iron bedsteads, and on one extremity stands an altar adorned with images of saints, &c. The whole number of beds is seven hundred, of which two-thirds are for medical cases. The duties are performed by a chief surgeon, M. Chaumet, who receives an annual salary of fifteen hundred francs; a house surgeon, and two assistants, who receive two hundred francs, are

boarded and lodged ; and four physicians, each receiving eight hundred francs per annum, who are elected by the administrative council for four years, at the expiration of which they are often re-elected.

M. Chaumet, who formerly visited the London hospitals, employs internal medicines a good deal in surgical disease, especially in diseases of the eyes ; for which, however, there is no separate ward, notwithstanding the patients are numerous. They are for the most part placed in beds with green curtains. In conjunctiva and sclerotic inflammation, general and local depletion when necessary ; purgatives, cold lotions kept over the eyes. Collyria, containing acetate of lead and laudanum, are most usually employed. In the more chronic forms of inflammation, the part is touched with nitrate of silver, or a strong solution of this substance is dropped into the eye. In cases of acute keratitis, and in iritis, calomel is given internally. In fistula lachrymalis, dilatation, by catgut bougies renewed every three or four days. Cataract is mostly operated by depression. There is a separate ward for ulcers of the legs, which are treated by internal medicines whenever they appear to be kept up by a constitutional cause, and by strapping with adhesive plaster when practicable. Fractures of the leg are generally placed in junks made with long compresses of chaff and lateral splints, as at the Hotel Dieu in Paris. Burns are treated by cold applications, cotton dressing, and opium cerate, according to the degree of injury, opium being given internally in severe cases. Phlebitis was very common in consequence of one of the physicians adopting the practice of bleeding *coup sur coup* ; in most instances it was successfully treated by application of leeches between the inflamed part and the heart ; cataplasms, or lotions, containing opium, being applied, and tartar emetic, and sometimes opium being given internally. Strictures of the urethra are treated by allow-

ing catgut bougies to remain for two or three days, and then increasing the size. In syphilitic diseases, the preparation of mercury, particularly the oxy-muriate, are prescribed; in the more obstinate and intractable cases, the muriate of gold.

Intermittents are extremely common at Bordeaux, owing to the marshy district, the Landes, in the neighbourhood. Continued fevers are not so common; bronchitis, rheumatism, and gastric irritation, are likewise among the most prevalent diseases. No exclusive system of treatment is pursued. Dr. Perrin does not carry vascular depletion to a great extent in pulmonic inflammation; but after one or two moderate bleedings, relies upon the antimonial powder, (in doses of a scruple a day,) blisters, and demulcent drinks. Among the patients was a young girl, who had a severe attack of peritonitis; she was treated by bleeding, calomel internally, and frictions over the abdomen with mercurial ointment, a pound having been used without producing salivation. Rheumatism is treated by general or local depletion; when requisite, antimonials, aconitum, and in some cases colchicum. A disease resembling the pellagra of the Milanese is now and then seen in the hospital from the unhealthy district of the Landes.

The hospital for the insane of both sexes stands in an airy part of the environs, and contains about two hundred patients, who are divided into four sections; the two inferior being indigent males and females, for whom a sum is paid by the *commune*. The two superior sections comprise about eighty, who pay each twelve hundred francs per annum, whose rooms and nourishment are somewhat better than the rest. There are two court-yards planted with trees at the entry of the house, and four or five oblong courts also planted with trees, the branches of which intertwining, afford a grateful shade in hot weather. Around each court are cells,



or small rooms, neat, clean, and containing bed, chair, and table. The wards in which several of the patients sleep together are likewise exceedingly clean. Upon the walls of the courts, roses and other flowers are trained to grow in several parts. Each section has its separate dining-room. There is likewise attached to the establishment a handsome chapel, where all the patients who are able attend service on Sundays. In the large fruit and vegetable gardens several of the men are employed in gardening; the women of the lower section are likewise employed in cleaning the house, washing and mending linen, &c. There is no division according to the kind of insanity; mania, however, is less common than in the more excitable climate of Provence and Languedoc. The patients are treated with gentleness and kindness, but no medical treatment is employed unless there be complication of bodily disease. In cases of undue cerebral excitement, the moderate abstraction of blood, baths, and douches, are the means chiefly employed; the baths are neat, and in very good order.

A medical journal, and the transactions of the Royal Medical Society, are published at Bordeaux.

#### STRASBOURG

Is the seat of the third medical faculty; but the number of students does not exceed three hundred. There is a civil and a military hospital: the former, being also used as an hospice, contains twelve hundred beds, of which not more than five hundred are for the sick. The wards are of square form, lofty, and well ventilated; each contains from twenty to thirty beds. There are two surgeons, M. Begin, author of some highly-esteemed works, being the professor of clinical surgery. There are likewise two physicians, exclusive of the professor of clinical medicine, M. Forget. The most prevalent diseases are intermit-

tents and typhoid fevers, bronchial inflammation, gastric irritation, and diseases of the kidneys, though stone is not often seen. M. Forget, who is an advocate of the Broussaian doctrine, and has published a work on fevers, as well as several interesting memoirs on various points of medicine, employs in typhoid fever moderate bleeding at the commencement, leeches to the abdomen, or other parts where pain is complained of; cataplasms to the abdomen, emollient or acidulated drinks, and enemata; laxatives being very rarely prescribed.

## PART II.

### ITALIAN MEDICAL INSTITUTIONS.

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THE medical institutions of Italy are, for the most part, regulated much in the same manner as in France, being under the superintendence of their respective governments, and deriving their revenues from property with which they have been endowed, and from the bequests and donations of rich individuals. In many of the hospitals a director is invested with supreme power. Those officially connected with the medical establishments receive salaries; medical visits are made daily at an early hour. The patients are usually admitted on application, and are attended by a religious sisterhood, with subordinate male and female attendants; the bodies of those who die are examined, and supply the dissecting rooms, although the Italians are not in general so zealous in the cultivation of either natural or morbid anatomy as the French or English. In many of the towns, however, there are rich anatomical and pathological museums, (formed for the most part by the labours of former investigators,) and in this respect Italy has the advantage over France.

The profession is divided, as in France, into physicians, surgeons, and obstetric practitioners. The division between medicine and surgery is still in some parts very arbitrary, the duties of the surgeon being confined to the application of local remedies and operations, while the physician is called in to prescribe for the constitutional disorder accompanying surgical disease.



The principles by which this practice is guided, necessarily vary in the different states. At Florence and Rome they are based upon the Broussaian doctrine much more generally than at Naples or Milan; but, in general, the diagnosis and treatment of disease are inferior to the French. The number of followers of the Rasorian doctrine of contra-stimulus has much diminished of late years, and the practice of giving large doses of antimony to supersede blood-letting in acute disease is comparatively seldom employed, though, as an adjunct, it is very generally exhibited. The abstraction of blood from the system in small quantity at a time, is a mode pretty generally adopted, as are also blistering, baths, and lavements; sedatives are likewise frequently prescribed, but purgatives, tonics, and stimulants, are more sparingly used.

The Italians do not speedily adopt innovations, and auscultation, percussion, and lithotrity, are only now becoming more general in some parts. In surgical cases, little or no medicine is given; patients who die after accidents and operations, usually succumb to constitutional irritation or internal inflammations; hospital gangrene is also a frequent cause of death in some localities. The greater temperance of the Italians, however, and the purer air of their cities, render them less liable to severe inflammatory attacks and derangement of the general health, which so frequently supervene in surgical cases in England.

Comparatively few original standard works on the medical sciences are published in Italy, and the impediments to the diffusion of knowledge from some of the governments, as well as from the division of the country into several states, each with its custom-house, where a severe censorship is exercised on books and reviews, (of which the expense of postage from foreign countries is very great,) retard the advancement of medicine, and prevent the

improvements which are effected in other countries from becoming known, except by means of imperfect notices in local reviews, (of which the best is the *Annali di Medicina*, published, at Milan.) It is only in this way that the results of English medical literature become known; but French (especially elementary) books, and translations of them, are pretty general; and in the Lombard-Venetian territories, where German is more generally understood, works published in Austria are easily procurable. Many of the professors in the universities of northern Italy have visited Vienna or Paris, and have thus acquired more enlarged ideas, which influence the doctrines which they teach, and their treatment of disease.

#### MILAN.

THIS city has a population of a hundred and twenty thousand inhabitants, and contains three principal hospitals. The *Spedale Grande* is one of the largest hospitals in Europe, enclosing a large central courtyard and four smaller courts; its façade is handsome, and measures several hundred feet in length. Most of the articles used in the establishment, as bread, bedding, blankets, clothing, &c., are manufactured within the walls. Two thousand beds can be made up; the number of patients varies, however, with the season. At the period of my last visit, May, it amounted to sixteen hundred. Out-patients also receive advice and medicine on application. The wards are for the most part large, high, and airy; in some of them a double row of beds occupies the centre, besides those ranged along the walls.\* Eight physicians and four surgeons,

\* M. Petrequin states, that on account of the unhealthiness of some of the surgical wards on the ground floor, the length of convalescence of patients, and the frequent occurrence of sloughing, gangrene, and scurvy, they have been evacuated, and the patients removed to others.

besides assistants, internes, &c., are charged with the professional duties ; some of these visit the patients twice a day. Illness and poverty are the only testimonials required for the admission of patients. Those who prefer it can be visited at their own habitations by professional men, the medicine being sent from the hospital. There are also some small wards appropriated to those who contribute something towards their own maintenance.\*

The irrigation of the plains of Lombardy, and the cultivation of the rice-fields with which the Milanese abounds, are fertile sources of fevers of all types, which with thoracic and tracheal inflammation, phthisis, and rheumatism, form the prevailing acute diseases.†

The treatment of disease appears to me to be more rational at Milan than in some other parts of Italy, being based less upon exclusive systems than upon observation of symptoms, and the special indications in individual cases. In inflammatory diseases, bleeding is usually employed at the outset, and internal medicines being at the same time given, the necessity for its frequent repetition is obviated. Purgatives are also used more freely in Milan than elsewhere, especially in intermittents, which are also treated by abstraction of blood at the commencement, and subsequently by quinine. Counter-irritation by blisters and antimonial ointment is another means resorted to as subordinate to bleeding in inflammation of the thoracic viscera and rheumatism. Calomel, squill, digitalis, and other remedies, almost proscribed in some parts, are here used in appropriate cases.

Union of wounds by the first intention is attempted when practicable ; dressings are mostly of a

\* Dr. Caraguti is the present director.

† According to M. Petrequin, an order has been latterly issued to prevent the cultivation of rice-fields within a circuit of ten miles from the city.



simple nature, and are applied by the surgeon during his visit. Erysipelas frequently complicates surgical cases in this hospital; it is treated antiphlogistically, and in some cases by incisions. Fractured thighs are placed between two splints extending the whole length of the limb; sufficient extension, however, does not appear to be kept up; in one which I measured, a month after the accident, there was considerable shortening. Fractures of the leg are treated by an apparatus resembling the English junk. In operations for aneurism, supernumerary ligatures are not entirely discarded: the ligatures are generally composed of several threads joined together. Bronchocele is extremely prevalent near Milan; it affects principally individuals who reside in the valleys near Como and Bergamo, and is frequently seen occupying a great portion of the neck. There is no medical school at Milan: pupils must receive clinical instruction at Pavia or Padua.

The disease, however, which may be considered as the epidemic of Lombardy, is the pellagra, of which the hospitals of Milan, Bologna, and Parma, contain numerous specimens. This disease consists partly in a chronic inflammation of the skin, more particularly affecting those parts which are usually exposed to the sun, as the neck, hands, and arms, which become covered with a dark brown, scaly eruption: the epidermis cracks, and is separated in many places. There mostly exists, at the same time, considerable derangement of the digestive organs and of the nervous system, with hypochondriasis, and in some cases a propensity to suicide, or to destroy others, especially children. The disease occurs mostly in spring and summer; many patients are affected at this period for several successive years, and become comparatively well as autumn advances. After repeated attacks it usually terminates either in paralysis, visceral disorganization, or mental

alienation. The attack occurs sometimes without precursory symptoms; but in most cases it is preceded by general indisposition, muscular and intellectual debility, and headache.

Pellagra is confined to the poorest classes, who inhabit the country. It mostly attacks persons somewhat advanced in life, women more frequently than men, though children are not exempt. Most of the profession consider poverty, want of proper food, and clothing, especially the use of bread made with damaged Indian corn, to be its predisposing causes—its exciting causes are enveloped in considerable obscurity. I was informed, by one of the physicians, that it is more prevalent among the inhabitants of the hills than those of the plain: the patients generally become better on changing their residence and mode of life. Various lesions are met with in autopsic examinations: these are, however, consecutive, and throw no light upon the nature of the disease. The treatment consists in placing the patients in good air, allowing proper nourishment, wine, &c., and in remedying urgent symptoms by appropriate means.

*The Obstetric and Foundling Hospital* is not in general open to visitors. Nearly three thousand infants are received annually: few, however, are kept in the house, the greater number being put out to nurse in the country. There is here an obstetrical clinique for females studying midwifery.

*The Hospital for the Insane*, termed Senavra, is situate about a mile from the town, in a locality where humidity must prevail, from the neighbourhood of numerous canals for irrigation. It contains five hundred beds; the wards are clean and airy, being built round courtyards, which serve for an exercise-ground. At the period of my visit there were four hundred and twenty patients in the house; the men being in greater proportion, and all wearing a similar kind of dress. The more intractable

ones sleep in separate wards, but in the day-time are allowed to walk about with the rest, the hands being fixed in thick leather gloves, and fastened together. When extremely violent, the strait waistcoat is used. The female patients are superintended by women. Many of them are occupied in sewing, knitting, &c.: the men in gardening, the manufacture of clothing, and other kinds of work, as carrying wood, and the like. The professional duties are performed by three physicians, who visit on alternate days; and two assistants, who reside in the house. The quiet patients do not take medicine, unless their bodily health be deranged. Where a high degree of cerebral excitement exists, the occasional abstraction of blood, purgatives, baths, and sedatives, especially morphine, are the chief measures employed. The physician, who accompanied me, speaks highly of the effects of the morphine in allaying cerebral irritability. Several of the inmates have large goitres, and a large proportion of them had laboured under attacks of pellagra.

#### PADUA.

THE university of Padua, which in former days was resorted to by students from all countries to the amount of several thousands annually, is now of very inferior account as a school of learning, though still one of the most numerous attended in Italy; the number of students being about twelve hundred, one third of which attend the medical classes. The scholar year begins in October, and terminates in June. The building contains lecture-rooms, an anatomical museum, one of natural history, a library, and a chemical laboratory. On the wall around the courtyard are busts in relieve, with inscriptions to the memory of those celebrated men who studied at the university; among these is the head of Harvey. The faculty of medicine is composed of a dean and



thirteen professors. A few years ago Caldani was professor of anatomy : Brera, of clinical medicine ; Ruggieri, of surgery : Professor Lippich now occupies the medical, Signoroni the surgical chair.

Padua contains two hospitals, the largest in which are the medical and surgical cliniques, and the museum of pathological anatomy contains three hundred beds, principally for acute diseases. The other hospital is exclusively for chronic and incurable complaints. There is also a society for the relief of indigent patients at their own habitations. The practice of medicine seems to resemble that adopted in France some years ago, when the doctrines of Broussais predominated. Some French medical works, translated into Italian, are those chiefly in demand.

“ In the Lombard-Venetian territory, as in the rest of Italy, there are three classes of surgeons : the *chirurgi provinciali* are mere phlebotomists ; the *chirurgi primarii* perform the minor operations, applying dressings, &c. These two classes attend a medical clinique, in the Italian language. Those who aspire to the doctorate of medicine or surgery, follow another clinical course, which is in Latin, and is termed *clinica medica superiore*. Each pupil has a patient to superintend, of whom he renders an account at the bedside in Latin, which has the advantage of imparting great facility in the use of this language, and of allowing a free discourse in the presence of patients : the surgical clinique is in Italian.” \*

#### VENICE.

The principal hospital at Venice was formerly a Dominican convent, contains about one thousand beds, and on an average nine hundred patients. The wards are spacious, lofty, clean, and warmed by stoves in winter. Patients with acute and chronic

\* *Fragmens d'un Voyage Medical en Italie, par Dr. Petrequin.*

diseases are admitted, and there is also a division for old and infirm people; a ward for patients with scabies and other contagious diseases of the skin; a lying-in department, as well as one for insane females. There are likewise separate rooms for patients who pay from two to three francs daily. Dr Troya is the director. There are two chief physicians and two chief surgeons: one of the physicians and one of the surgeons take charge of the male patients, the other physician and surgeon of the females. Dr. Rima is the chief surgeon.

The most prevalent diseases are pulmonary and bronchial inflammations, intermittents, and pernicious fevers frequently running a fatal course in a few hours. Scrofula and scurvy are likewise not uncommon, and sometimes affect individuals of the upper classes, owing to the peculiar situation of Venice among the Lagunes, the extent of sand which is uncovered at low tide, and also to the canals, giving rise to offensive exhalations, which are not unfrequently productive of disease. Pellagra is likewise not uncommon. Consumption, as an idiopathic affection, does not often occur, but it is frequent as a consequence of neglected inflammatory attacks on the organs of respiration.—Moderate bleeding, large doses of tartarized antimony, and blisters, are the most usual remedies in thoracic inflammation; in chronic bronchitis, stimulating expectorants, as squills, are given. Continued fever is treated by bleeding, when there exists high vascular action; in ordinary cases, mild laxatives, as castor oil, supertartrate of potass, are employed; quinine, as soon as admissible, in intermittents; in scurvy, cochlearia, and other antiscorbutic remedies. Baths, with digitalis, are sometimes used as a sedative means—(two drachms of the leaves infused in a quart of water to each bath.) I was shown a case of aneurism of the abdominal aorta; and one of erysipelas, in which great advantage had been derived from

these baths. Aneurism is said to be not uncommon, in consequence of the intemperate habits of the lower classes, who commit excesses in drink, and have to support laborious exertions.

In the surgical department there was, at the time of my visit, a case of elephantiasis of the head and arm, in which the swelling had much subsided under the use of proto-ioduret of mercury. Diseases of the joints, from a scrofulous origin, are common: no internal treatment appears to be adopted; leeches and counter-irritation (the actual cautery being used to produce the eschars) being most frequently adopted. Fractures of the lower extremity are treated as in most other continental hospitals, by placing the limb between compresses and lateral splints, which are approximated to each other by means of tapes. In many of these cases, however, so treated, there is no adequate support to the foot, and the apparatus frequently becomes loose, requiring constant superintendence. Stone is not uncommon, and is generally operated by the lateral or bilateral method. Lithrotomy has not been performed in the hospital; its merits and advantages do not appear to be known. It has, however, been performed two or three times in the town by a young practitioner, who has published a *brochure* on the subject, which is little more than an historical memento, with plates of the straight perforating instruments, which have long ago been out of use. The dressings, as at most continental hospitals, are usually simple charpie applied over a perforated rag smeared with ointment, which is laid on the wound. Dr. Rima treats varicose veins by excision of the diseased plexus, and says that this practice has not been attended with severe inflammation, or other bad consequences.

The hospital for the insane stands on an island about two miles from the town, and is under the superintendence of a charitable brotherhood. There



are about two hundred and fifty patients, who are divided into six sections; viz. mania, monomania, melancholy, idiotism, or stupidity, and fatuity (dementia.) They are all clothed alike, in a dark-coloured dress; each class being distinguished from the rest by a strip of cloth of a different colour on the shoulder, thus: red indicates mania; green, melancholy; blue, monomania, &c. The more intractable patients, as well as those who are dirty in their persons, are kept secluded in wards at the top of the house; the others assemble at meal-times, walk about in fine weather in the garden, and sleep in wards containing thirty or forty beds. There is a work-room, where several of the females are employed in knitting or sewing; but beyond the abstraction of blood, aperients, and baths, when a high degree of excitement exists, there appears to be no treatment pursued, either medical or moral.

#### PAVIA.

The university of Pavia, as well as the preceding institutions, is in the Lombard Venetian territories, and consequently under the domination of Austria. As a school of medicine, it is superior to Padua, the fame of Scarpa having attracted numerous students. Two kinds of degrees are conferred, as at Padua; viz. doctor in medicine and surgery, and master in surgery; the latter being analogous to the *officiers de santé* in France. Anatomy is more assiduously cultivated at Pavia, under the auspices of Professor Panizza, than elsewhere in Italy: the museum contains a fine collection of anatomical preparations. The number of students about three years ago was thirteen hundred, of which nearly half followed the medical courses.

The hospital adjoins the university, and has four hundred beds. The clinical medical wards contain about thirty beds; the surgical clinique forty beds.

Baths are a good deal used as a remedy for pellagra; at first simple, afterwards sulphurous. "M. Corniani is the professor of medicine, as well as the director of the hospital and of the pathological museum: contrary to the usual practice in Italy, he is moderate in the abstraction of blood, having observed that the abuse of sanguineous depletion greatly predisposes to dropsy, which is very common in the district. The state of the soil and of the population justifies this doctrine: the province of Pavia, where there are numerous rice-fields, is affected by a number of diseases, arising from a deteriorated constitution, as scrofula, scurvy, pellagra, &c. Rickets is frequent; I have nowhere seen so many dwarfs as at Milan, and especially at Pavia. I may add, that intermittent fevers are very prevalent, and obstructions of the abdominal viscera common. The hospital always contains a great number of cases of chronic hepatitis; and the spleen in old ague patients is seen to fill half the abdomen. M. Corniani is inclined to regard this hypersplenitis as a chronic phlebitis of the spleen." \*

M. Petrequin further states, that M. Corniani employs creosote with great advantage, externally in ulcers psoriasis, and some other chronic eruptions; internally in pulmonary catarrh, some diarrhoeas, &c. Several cases of cure or amelioration of diabetes by this remedy (the action being assisted by occasional doses of ipecacuanha) are recorded. He likewise alludes to the good effects of methodical pressure, as employed by M. Lombard, of Geneva, in ascites, alone, or combined with hydrochlorate of potass, in doses of ten or twelve grains, from four to eight times a day. "The surgical clinique is directed by M. Porta. I saw several cases of lithotomy; two had been performed according to the method of Vacca, and confirm the statement that convalescence is subsequently very long, and

\* Petrequin, op. cit.

and less sure; one of the patients was at the fifty-fifth day, and was not cured. There was also a case of lithotrixy: this method is becoming more general in the schools. The practice of M. Porta is somewhat veterinary, for which there is perhaps some excuse in the constitution of his patients. The hospital always contains a number of diseases of the joints, in consequence of the frequency of scrofula and rheumatism. The actual cautery is in great honour; it is much used, not to say abused."

I have extracted thus freely from M. Petrequin, not having myself visited the hospital at Pavia. M. Roux states that medical men are liable to be cited before the tribunals for ignorance or inattention: those in whom the charge of ignorance is substantiated, are again obliged to attend the medical classes for a certain period, and to undergo a fresh examination.

#### PARMA.

With a population of thirty-five thousand inhabitants, Parma contains a general hospital, a lying-in and foundling hospital, one for the insane, an university, and several charitable institutions. Among these is a society for furnishing poor persons with relief and medical attendance at their own houses, termed the *Congregazione pietosa della Carità*, which was established in the fifteenth century: one half of the members are nobles and citizens, the other half ecclesiastics. Two members are attached, in rotation, to each district of the town and surrounding country, whose duty it is to seek out and relieve those who are proper objects for the assistance of the charity. Several professional men, elected every three years, attend to the sick, and receive a salary. The affairs of the society are managed by twelve members—six secular, six ecclesiastic—who are divided into pairs, each pair having the superintendence of a particular department.



*The Spedale della Misericordia* has a plain exterior, but the principal wards are handsome, lofty, extremely clean, and airy. The clinical wards, and those for the military, are small, and not so well ventilated as the others. The hospital contains four hundred beds, but not more than half these are usually occupied. There are four physicians and two surgeons. Tommassinini, who, with Rasori, originated the contra-stimulant theory, is professor of clinical medicine.

This doctrine supposes that life is the result of two forces, viz. stimulus, or excess of action; and contra-stimulus, or debility. These opposing forces, in a healthy state of the system, counterbalance and maintain each other in a state of equilibrium; but when one or the other preponderates, the healthy condition is destroyed, and disorder ensues. Hence the supporters of this system admit only of two orders of diseases,—those from excessive excitement, and those from debility. This last condition is not considered merely as a negative state, or absence of stimulus, as in the Brunonian doctrine, but is regarded as the product of an active power, independently of the opposing force. Remedies are also divided into stimulant and contra-stimulant: among the former may be enumerated tonics, opium, spirituous preparations: the latter include all agents which tend to lower vascular action; of these, antimony was most frequently had recourse to, and was exhibited in very large doses, being in many cases made to supersede sanguineous depletion. This practice counted, a few years ago, numerous followers, but is now made accessory to the other measures, and bleeding is perhaps carried to a greater extent in Parma than in most parts of Italy.

## REGGIO.

Near Reggio, in the duchy of Modena, on the road side, is a handsome building for the reception of the insane, which is one of the best establishments of the kind in Italy. The number of patients amounts to upwards of three hundred; they are divided into three classes; the first class, being persons not belonging to the duchy, pay two and a fourth francs a day; the second class are Modenese, in tolerable circumstances, who pay somewhat less; the third class consists of poor persons, who are paid for by the commune. There is, however, no division of the patients according to the variety of their complaint. The first and second classes have a separate dining-room, and several have a cell neatly fitted up to themselves; the violent patients are assembled in a room, some of them being fixed to chairs of restraint, and the hands confined in cases of leather (*manchots*.) The *camisole* is also employed as a means of repression; and some of the beds are furnished with padded straps for confining the hands and feet. There is a large garden for walking, and where some of the men are employed, but they have no indoor occupation. There are, however, two or three workshops for the female inmates, who are engaged in spinning, carding, or getting up linen. There are, likewise, a few isolated cells, furnished with straw, for those who are dirty in their persons. The convalescents are separated from the others, and sleep in a long ward, containing thirty beds: the same for the opposite sex. All the patients attend church every day, and there are regular hours of assembling at meals, &c. The director lives at Reggio, but visits almost daily; an assistant resides in the house.

## TURIN.

The principal hospital, St. John, contains four hundred beds, chiefly for acute diseases, including the medical and surgical cliniques. The state of medicine, and especially surgery, would appear (from what I could learn of it during my brief visits at Turin) to be now better than in most other parts of Italy. This, perhaps, depends upon the neighbourhood to France, and of more speedy knowledge of the improvements effected within the last few years. Bellingheri and Martini are among the professors; the former especially is well known throughout Europe, from his investigations on the nervous system, and several points of practice: he is also physician to the small hospital St. Maurice, (also for acute diseases,) containing one hundred beds, eighty of which are on the ground floor, in two lofty arched wards. There is another physician, who takes charge of the patients every alternate four months, and a surgeon. Typhoid fever is not uncommon, and is treated by Bellingheri by cupping from the nape: laxatives, lavements, cooling drinks, &c., according to circumstances. Abdominal complications of this disease are less frequently met with than in France. Among the patients was a man with catarrhus vesicæ of long standing, cured by large doses of calomel, which did not produce salivation.

The hospital St. Louis is a new edifice, with one hundred and twenty beds, for chronic and cutaneous diseases: three lofty vaulted wards diverge from a large central chapel on the ground floor; behind each bed is a door, by which provisions are distributed. On the first floor are four wards, each with six beds, for skin diseases; these were principally occupied by cases of tinea, lepra, and pellagra, which is not uncommon in this neighbourhood of Turin, though more so than in the Milanese.



Close to the preceding, at one extremity of the city, is the new Maniconico, or establishment for the insane, which has replaced the old and faulty edifice, of which I felt myself obliged to mention in terms of censure in the former edition of this work. The building is two stories high, the windows being supplied with light iron work, which, however, has nothing very remarkable in its appearance. On either side the entrance-hall are busts of those who have benefited the establishment. In each of the two compartments is a large court, or exercise-ground. On the first floor two corridors extend the whole length of the building, into which the cells for the less quiet patients open; on the second floor are wards in which the quieter patients sleep. The noisy or furious patients are lodged on the ground floor. The means of repression are the *camisole*, and soft leather bands fixed to the bed to confine the limbs. The epileptic patients have beds with a railing around to prevent them falling out. The inmates of the establishment are mostly from the poorer classes. Insanity is said not to be so frequent among the rich, though M. Brière de Boismont states, in his pamphlet on the Italian asylums, that the disease is on the increase in Piedmont, and that more instances from political causes were observed a few years ago. Among the higher orders, however, the cases depending upon these causes are few, when compared to those arising from inordinate ambition, vanity, disappointed love, and religious enthusiasm.

The baths are well managed; a central reservoir of water supplies four large marble baths, each supplied with douche, eight feet above the ground. Medicated baths (with hyoscyamus and other substances) are likewise sometimes used in the treatment. In the summer season all the inmates are obliged to bathe, as a matter of cleanliness. Among the other remedial means, are occasional general or

local depletion, and purgatives; and in melancholia, the actual cautery to the nape. The men are without occupation; some of the women are engaged in spinning, knitting, &c. Paralysis is rarely met with. There is a small church attached to the establishment, where all who are able attend service. A partition prevents the men from seeing the females. Two physicians visit daily, and a junior physician resides in the house.

There is a university at Turin, but many of the students complete their studies at Paris. An ophthalmic dispensary (on the same principle as M. Sichel's) has been established by Dr. Sperino, a young physician of great talent, whom I formerly met in Paris.

A medical journal is published at Turin, but there is no medical society, as the government looks with a jealous eye upon reunions of large bodies of any class. There is, however, an academy of sciences.

#### GENOA.

Genoa possesses one of the most variable climates in Italy. The heat in summer is excessive, and in winter rain and snow frequently fall; while the hills encircling the town on the land-side are not sufficiently high to shelter it from the north and east winds, which blow with great force from the more distant snow-covered mountains. Hence inflammations of the lungs and air passages, phthisis, and rheumatism, are among the most prevalent diseases; gastric irritation is likewise extremely common in summer.

The university is a large and handsome building, of which the marble staircase is much admired, and is one of the sights of Genoa. Medical education is, however, at a low ebb: there is no separate professorship of anatomy; the anatomical and physio-

logical chairs being united. Dissection is only allowed two days in the week to such students who choose; others who do not like to dissect are not obliged. There are four private examinations for the diploma, and two public ones, (verbal,) the subject upon which the candidate is to be examined being known by him beforehand. The university fees, and expenses of education, amount to about six hundred francs. There is no medical journal nor society at Genoa; no assemblage of persons in the Sardinian states being allowed to term themselves a society.

The principal hospital, Pammatone, can contain fifteen hundred beds. Its exterior presents nothing remarkable; but the staircases and corridors are wide, handsome, and adorned with colossal statues of individuals who have bequeathed or given money to the institution. The wards are large and lofty, but the beds are placed too close to each other, and frequently in double ranges; at the end of each ward is an altar, where mass is celebrated daily. The hospital has its own funds, which, as may be supposed from the numerous statues of the benefactors, (about one hundred,) are ample. Its affairs are managed by a junta of sixteen persons, chiefly nobles and merchants, by whose votes the election of the medical officers is decided. The physicians make their visits in the doctoral gown and cap. There are five principal physicians, and five surgeons; a professor of clinical medicine and clinical surgery. These cliniques have each twelve beds. Sisters of Charity superintend the distribution of provisions, and the internal economy; the immediate attendance on the sick being performed by *infirmiers* under their orders. Most of the bodies of those who die are opened, though not minutely examined. There are separate obstetrical and syphilitic wards.

Inflammation of the lungs is treated by repeated



bleedings, eight or ten ounces of blood being first abstracted; subsequently smaller quantities, large doses of tartarized antimony being internally exhibited, and blisters applied at a later period. Diseases of the eyes are less prevalent than at Florence and Naples.

In syphilitic cases, simple applications are made to primary sores: no internal treatment is prescribed, except in secondary symptoms. When the sublimate is given internally, or frictions are made with mercurial ointments, they are combined with baths. Scrofulous affections are frequent: the muriate of barytes is sometimes given. Cataract is generally operated by depression, though it would appear that the operations are not very successful. Cholera, which was very severe at Genoa, was treated chiefly by bleedings and sinapisms to the legs. At the time of its prevalence, however, many of the Genoese physicians left the city, others feigned themselves ill: on their return, after the epidemic had subsided, several were not permitted to resume their practice. The mortality in this disease was consequently very great, more than half the patients attacked died. Auscultation and percussion are not used; and lithotomy has only been performed in private by Signor Campanelli, who, from the account of the English residents, is the only talented practitioner.

At the time of my last visit, there was in the surgical clinique a case of comminuted fracture of the thigh, of seven months' duration; resection of the fractured ends of the bone had been performed, and Dessault's apparatus for fractured thigh applied: the patient was going on favourably. There was also a case of strangulated inguinal hernia; the intestine had burst during the attempt at reduction; abscess subsequently formed, and the patient was going on well. Erysipelas not unfrequently occurs after operations, &c.

Hydrocele is endemic in the district of Loiano, on the road to Nice, almost all the men being affected, without their general health being disordered: it is treated by incision and injection. In the same district the women are subject to swelling of the leg, a kind of pseudo-elephantiasis, and also to hyper-secretion of urine, without its containing any saccharine matter: this generally terminates in phthisis.

The same theatre serves for anatomical demonstrations, and for operations, which are likewise frequently performed in the wards. Adjoining are a few indifferent specimens of injected arteries, &c., an apology for an anatomical museum. In the women's department, operations are performed in the wards, the patient remaining in bed. I was present at an amputation of the arm in a young woman for disease of the elbow-joint, which, with a good deal of confusion and bustle, was performed by the circular method high up, compression being made in the axilla. After the ligature of the vessels, both ends of the ligature were left, and the cut edges of the skin brought together by adhesive plaster, over which pledgets of charpie and compresses in the Parisian fashion.

The hospital of Incurables contains eight hundred beds, most of which are occupied by old people with chronic disease and infirmities. The insane were formerly lodged here, about two hundred and fifty in number, and were confined to ill-ventilated wards, which they were not allowed to leave until they died, or were dismissed; and the violent patients were kept chained to their beds by the wrists and ankles. M. Brière de Boismont, speaking of the women's ward, said of the women's department, "The women are shut up in two dirty and badly-lighted wards; one of them is large, cold, and damp; many of the patients are chained by the hands and feet; their howlings, their accessions of

fury, and the clanking of their chains, give to this horrible place the appearance of the infernal regions." I am happy to say that this state of things no longer exists, the insane having been removed to a large and spacious new building outside the gate, on the Lucca road, which, however, is a low and bad situation, said to be greatly infested by mosquitoes in the summer. At my last visit to Genoa, I went over this building, which was then scarcely finished. It is three stories high, and capable of accommodating three hundred and fifty patients. Six corridors diverge from a central hall, the cells opening out into them. There is a chapel; and on the first floor a large hall of assembly, for the transaction of the business of the institution. There are spacious grounds surrounding the building, and it was in contemplation to occupy the male patients in digging, gardening, &c.; the women in avocations appropriate to their sex.

#### BOLOGNA.

The population of Bologna amounts to seventy thousand souls. The climate is bad, from the situation of the town at the foot and on the northern side of the Appenines, the weather being frequently damp and cold. The university, formerly the most resorted to of any in Italy, is now but thinly attended, the number of pupils being reduced to about five hundred, and most of the lectures are delivered at the houses of the professors. Political circumstances, and the exclusion of foreign students, and of those not of the Catholic religion, are said to be the causes of this change; so that it is now attended only by those students belonging to the states of the church. Among the celebrated men who studied at Bologna, are Valsalva, Malpighi, and Galvani, to whom a monument is erected in one of the corridors.



Medical students are obliged to attend the classes during four years, in the following order. First year ; natural history, botany, chemistry, anatomy : second year ; anatomy, physiology, comparative anatomy, institutes of medicine or surgery : third year ; pathology, clinical medicine, *materia medica*, chemistry : fourth year ; pathology, clinical medicine, medical jurisprudence, and midwifery. During the last year of study, a certain number of patients in the hospital are placed under the care of each pupil, who is required to give an account of the cases and of the treatment which he has adopted. Surgical students attend, during the first and second years, the same courses as the medical pupils : third year ; institutes of surgery, clinical surgery, anatomy, and dissections : fourth year ; medical jurisprudence, midwifery, defections, clinical surgery, and the performance of operations on patients, under the guidance of the professor. At the termination of the first year, students take the degree of bachelor ; at the end of the second year, of licentiate ; and at the end of the fourth year, of doctor of medicine or surgery.

The mode of examination is as follows : five professors of the different branches of medical education submit each to the candidate twenty different subjects, taken from his own course of instruction : the candidate draws one of these by lot, and is examined on that subject. He is thus examined on five subjects connected with medicine. When the examination is finished, each of the professors gives his vote separately, as to the fitness of the candidate ; those who are not considered sufficiently qualified have to study another year.

Alessandrini is professor of comparative anatomy ; Medici, of physiology ; Barilii, of pathology ; Mordini, anatomy ; Baroni, surgery and obstetricity ; Cornelli, clinical medicine ; Venturoli, clinical surgery.

This building is handsome, having been lately renovated, and encloses a spacious court-yard: it contains a fine library, an amphitheatre, museum of antiquities, of comparative anatomy, of natural history, and of human and pathological anatomy. In this last are several wax models by Lelli, of healthy and diseased structure: those illustrating the pellagra and morbus ceruleus are exceedingly well executed. There is likewise an interesting cabinet of casts, illustrating the progress of utero-gestation, anormal presentations, monstrosities, &c. The skeleton of a giant, with a head disproportionately large, will attract attention. This individual, named Bottaro, died at the age of seventy-four years. There are thirteen dorsal vertebræ, and thirteen ribs on each side.

M. Petrequin, who has described with some detail several of the anatomical and pathological museums of Italy, refers to the important remarks of professor Alessandrini, on the influence of the nervous system relative to the development of muscular fibre. In a monstrous calf, the inferior portion of the spinal marrow is wanting, the number of the vertebræ is arrested at the same level, (tenth dorsal;) the voluntary muscles exist only in those points to which the ramifications of the spinal nerves extend: they are deficient in all other parts, although the other textures, as well as the arterial system, are developed,—a proof of the special influence which the nervous system exercises on certain structures more than on others. In another preparation (a fetal pig) there is also wanting the inferior part of the spinal marrow, which is arrested at the fifth dorsal nerve; the vertebræ, likewise, are not continued beyond this point; the belly is deprived of muscles at those parts where the nervous ramifications cease; the muscular fibre, likewise, abruptly ceases to be evident, the muscles being well developed in other parts. Again, between the iliac

bones there exists a little fasciculus of the medulla, with some nervous threads, and immediately with the nerves, there reappear portions of muscular fibre. Thus, continues M. Petrequin, it results from these two beautiful preparations, that the nerves serve more for the development of the voluntary muscles, than for the vascular system, which in these instances is everywhere perfect. This influence appertains exclusively to the cerebro-spinal nerves; the course of the nerves of organic life could be perfectly followed upon the iliac artery and its branches; and the muscles of the digestive canal are seen to be well developed; a proof of the physiological difference of the two orders of the muscular system. Lastly, one might conclude that the portions of the cerebro-spinal axis form themselves as centres, partly independent of each other, as Gall thought, who compared the spinal marrow to a series of ganglia.\*

At this university, women were formerly not excluded from studying the medical sciences; and several *doctoresses* were admitted. A marble tablet, to the memory of the last of the female doctors who died a few years ago, may be seen in the magnificent new cemetery near the town. In the anatomical museum are several wax models, made by Madame Manzolini.

Another custom is peculiar to this and two or three other Italian universities. On the admission of each new doctor, his friends compose and print verses in his praise, which are placarded at the entrance of the schools, and at the corners of the streets. These never fail to extol highly the vast knowledge and the great talents of the new acquisition to the faculty.

Medicine and other sciences are zealously cultivated at Bologna: there is an academy of sciences, and a medico-chirurgical society, considered the

\* Op. Cit.



best in Italy, which publishes monthly a "Bulletino delle Scienze Mediche," and gives annual prizes for the best treatises on specified subjects. In the reading-room of the society, the principal French medical journals, all the Italian, and one of the English, are received.

There are at Bologna three hospitals. The *Spedale della Vita* contains about two hundred beds: the principal wards are lofty and airy, but from their spaciousness are very cold in winter; on this account some of the largest on the ground floor are abandoned at that season. There are also smaller wards of ten and twelve beds, where a more regulated temperature can be preserved. The surgical treatment is better than in several other parts of Italy. Punctured and incised wounds are of common occurrence, from the jealous and quarrelsome disposition of the lower orders: simple dressings are mostly used: sanguineous depletion, laxatives, and antimonials, are employed, according to circumstances, in acute cases. Operations, however, are performed at the clinical hospital, except in cases of emergency. Pasteboard splints are frequently used in the treatment of fractures. In one case of transverse fracture of the tibia, with fracture of the fibula higher up, merely a bandage was applied. There were few cases of much interest in the wards at the time of my last visit.

The *Spedale St. Orsola* is supported by a society of philanthropic inhabitants: it stands outside the walls, in a tolerably healthy locality, and receives patients with chronic, syphilitic, and cutaneous diseases. The total number of beds is four hundred, including one hundred and seventy for insane patients, who are lodged in cells diverging from four long corridors, which are separate from the rest of the hospital, and are warmed by stoves in winter. The division for either sex contains a ward of about fifteen beds, twenty-eight cells, and a small ward

for convalescents. The air, however, is confined and bad; offensive odours are not uncommon. Those who have been long inmates are placed in isolated cells, and lie upon straw. The number of assistants is too small, there being only four women to the female department. If any of the patients become uncontrollable, they are obliged to ring a bell for assistance from the male superintendents. The patients appear to be kindly treated; but there is no division of the varieties of insanity, nor any methodic treatment pursued. Syphilitic secondary symptoms are treated by mercurial inunction, combined with the use of the vapour bath.

A small clinical hospital, containing about fifty beds, adjoins the university, and to this the most interesting cases are sent for the instruction of the pupils. To each bed a paper is affixed, stating the circumstances connected with the case. Two or three rooms are kept for those persons who pay something towards their own maintenance. Tommassini was formerly professor of clinical medicine; and the *contra stimulus* doctrine is still a good deal followed in the treatment of disease. The acute diseases most prevalent at Bologna, are inflammatory and intermittent fevers; inflammation of the lungs, bronchitis, and rheumatism. Pellagra is likewise common, both about Bologna and Parma; less so, however, than nearer Milan.

Bologna being part of the Pope's dominions, ought perhaps to be succeeded by the account of the medical institutions of Rome; but as it is distinct, in a scientific point of view as well as in other respects, I will first describe those of Florence, from which city Bologna is only a day's journey.

## FLORENCE,

Situated in a plain surrounded by the Appenines, has a population of eighty thousand persons, and contains four hospitals: these are placed under the direction of a superintendent, appointed by the grand duke. The *Spedale Santa Maria Nuova*, for the reception of accidents, acute and chronic diseases, is a handsome edifice, and contains nearly one thousand beds; the bedsteads are made of iron, and have curtains. In some wards the beds are too closely placed together to allow a free circulation of air, but in general the wards are clean, lofty, and well ventilated. A paper, stating the material circumstances and daily progress of each case, is placed at the head of the bed. Patients are admitted on application, and are attended upon by “*sœurs de la charité*.” The bodies of those who die are invariably examined, and supply the dissecting-room. There are two commodious operating theatres adjoining the surgical wards, one on the ground floor, the other on the first floor; a theatre for the delivery of anatomical and other lectures; a dissecting-room, and a good cabinet of pathological anatomy. Separate wards are appropriated to syphilitic patients, and patients afflicted with diseases of the eyes are placed in a darkened ward; a ward is also set apart for those patients who contribute towards their own maintenance, from three to five *pauls* a day.

Two professors of medical clinique, two of surgical clinique, and several assistant physicians and surgeons, who receive salaries, are attached to the service of this hospital. One half of these attendants do duty for six months in the year, at the expiration of which period they are replaced by the other half. The surgical visit takes place at eight o'clock every morning, and the medical visit at ten; the pro-



fessors hold clinical discourses with pupils at the bedside of patients. Andreini and Buffalini, who enjoy a high and well-merited reputation in Italy, are professors of clinical surgery and medicine. M. Biagi, a talented young surgeon who attends the grand-duchess, is also surgeon to the hospital. M. Buffalini's published works contain original views, which are considered by many to be too hypothetical. His practice, however, is in general sound.

The lectures of the Faculties of Medicine and Surgery are delivered in this hospital, on the different branches of medical education; the examination of candidates for the diploma of medicine or surgery takes place before the members of the colleges. Medical candidates are previously obliged to take their degree at the university of Pisa.

The *Spedale di Bonifacio* is divided into two parts, one for insane patients, and the other for military patients, and those afflicted with incurable diseases. The hospital contains about eight hundred beds: the wards are spacious, airy, and particularly clean.

The average number of insane in the hospital is from two hundred and eighty to three hundred: males are in greater proportion than females. Small cells, having each a window with iron bars, and containing a bed, are situate on either side of passages about fifty feet in length; each patient has a separate cell, but in the daytime they are indiscriminately allowed to walk about the passages, or in the open air. The patients are all clothed alike, in a white woollen dress. New patients are kept in separate rooms for a few days, in order that the peculiarities of their insanity may be observed. The greatest attention is paid to cleanliness throughout the establishment. A large piece of ground has been added, in which several of the patients work.

When confinement of the hands is necessary, a wooden case (*manchot*) is used, into which both

hands are placed, and kept bound to the abdomen by means of a strap passing round the waist. Furious patients were formerly confined to a small darkened room, with well-padded walls; the darkness being found to render the greater number of such patients tractable. The treatment is conducted partly on moral principles; many of the patients are employed in mechanical occupations and gardening; the women in knitting, spinning, &c. The system formerly in use of employing depletory measures indiscriminately every summer, is now discontinued, and bleeding is employed only when there exists great exaltation of the cerebral functions. Leeches to the temples, baths, cold douches, either in a column of water, or as a shower bath; sedatives and laxatives, are likewise among the means mostly employed in the treatment. M. Capecchi, the director, has observed, in some cases, the good effects of the actual cautery to the nape. The proportion of cures is said to average sixty in a hundred; but M. Capecchi has remarked, that at the end of two years nearly two-thirds of those dismissed have relapsed. Paralysis is rare. The most frequent alteration of the brain which has been observed on post-mortem examination, is an atrophy of the cortical substance. Mania is more frequent than the other varieties of insanity.

The *Spedale Santa Lucia*, opposite the former, is a large building, containing one hundred beds for psora, tinea, and other chronic cutaneous diseases, (a large proportion of the patients being children,) and a military hospital, with one hundred and fifty beds. A chief physician and a chief surgeon, with two assistants, perform the professional duties.

The sulphurous and other baths at this hospital are well arranged, and convenient. After the middle of June, they are available for poor persons affected with cutaneous diseases, residing in the town or environs. Psora is treated by sulphur baths, and frictions with sulphur ointment.

The *Spedale degl' Innocenti* is a large building for the reception of foundlings and of lying-in women. The number of infants annually admitted amounts to fifteen hundred. These, with few exceptions, are sent to be nursed in the country, and are supported by the establishment till the age of ten years. The manner in which infants are bound up in cloths in Italy, somewhat resembling an Egyptian mummy, is the occasion of frequent distortions of the limbs, and is productive of other bad effects. There is also at this hospital an obstetric school, where lectures are given to females who purpose practising midwifery. The period of study is eighteen months, and two examinations must be passed before a licence is accorded.

The ergot of rye is not given in those cases of protracted labour depending upon deficient contraction of the uterus.

There is at Florence a fourth hospital, containing about forty beds, for patients with acute and chronic diseases; also a Casa dei Poveri, or workhouse, on an extensive scale; and obstetric institutions in different parts of the city, for affording assistance at the habitations of poor women.

The *Società della Misericordia*.—This charitable establishment was instituted in the beginning of the fifteenth century, and counts among its members several of the nobility: its object is to render assistance to the sick poor, for whom the members perform many kind offices, and supply those who are treated at their own houses with necessaries of all kinds. They undertake the burial of the bodies of poor persons, and, in case of accident or disease, repair to the place where their services are required, and convey the patient to an hospital, or to their own residence. The brethren meet in a building in the Piazza del Duomo, where the affairs of the society are conducted by a committee: one or more of the committee is always in attendance at the cen-



tral institution, to indicate to those on duty the place where their services are required. The sick are carried in covered litters, on the shoulders of the brethren, who maintain a profound silence, and are clothed from head to foot in a black domino, in order to conceal the persons of those who are thus engaged: ten, twelve, and sometimes more of the brethren, accompany each litter, and frequently relieve each other in supporting the burden.

In the Museum of Natural History, perhaps the finest existing, is the splendid collection of anatomical wax models, coloured according to nature, and exhibiting all the parts of the body, both conjointly and in detail, of the natural size. A room is allotted to each division of anatomy, as osteology, myology, &c. In addition to the anatomical models, are others illustrating the progress of utero-gestation, growth of the fœtus, &c. The models are in general pretty correct.

The most prevalent diseases at Florence are acute and subacute inflammation of the lungs, pleurisy, bronchial affections, dysentery, gastric irritation, rheumatism, and diseases of the eyes.

The practice among the town practitioners leans to the Broussain: all irritants and tonics are avoided; bleeding is very generally employed; small quantities of blood, as four, six, or eight ounces, being abstracted at a time: consequently the frequent repetition is necessary, which has the effect, in many cases, of debilitating the patient, without effectually arresting acute inflammation. Hence one cause of the fatality attending acute inflammation of the lungs, known by the name of *Mal di Petto*, which so frequently occurs from the variable temperature of Florence. Leeches are often used, but not so generally resorted to as in France. Counter-irritation, by means of the application of the ointment of tartarised antimony, is frequently employed. Purgatives are seldom used, from a dread

of their inducing gastro-enterite ; sedatives are not unfrequently employed. Prussic acid, or the aqua lauro cerasi, is sometimes given in bronchial complaints. Intermittents are not of frequent occurrence ; they are treated by venesection when required, and by the exhibition of the preparations of bark. In continued fever, small general bleedings are employed ; more frequently, however, the application of leeches to the pit of the stomach, lemonade and cooling drinks are resorted to.

Rheumatism is treated by bleeding, warm bath, and diaphoretics : the colchicum is not used ; its effects in this class of diseases do not appear to be known. In chorea, sulphur baths are employed with success.

In gastric and intestinal irritation, the application of leeches, and the administration of demulcent mixtures, are chiefly depended on. No operation is performed in the hospital without a previous consultation, at which the superintendent of hospitals is present. All persons, professional or not, are allowed to be present at operations, which are frequently performed by the more advanced pupils, under the guidance of the professor of surgery. Operations are in general pretty successful ; patients are bled subsequent to their performance in most cases. The lateral operation is performed for stone in the bladder. Lithotrity is likewise now adopted in appropriate cases. Hydrocele is treated by the operation of excision, the method by injection is adopted only in recent cases. The operation of couching is preferred in cataract. Cases of strangulated hernia are operated on immediately : no other remedial means are employed, nor are many attempts made to effect reduction by the taxis. Strictures of the urethra are treated by confining the patient to bed, and passing an elastic gum catheter into the bladder, the size being gradually increased : when a catheter cannot be introduced into the blad-

der, a catgut bougie is passed into the urethra as far as possible, and retained against the stricture for some time: on withdrawing this, a catheter can generally be passed. Fractures of the lower extremity are treated by placing the limb in the extended position: in fracture of the thigh, the limb is confined between two long splints, connected together by a piece of cloth, passed under the limb, and extending its whole length; the splints are tied together by pieces of tape. By this mode sufficient extension is not kept up, and shortening of the limb, more or less, is the consequence. Ophthalmia, whether acute, chronic, or strumous, is treated by general or local depletion, warm emollient applications and fomentations; the patients being kept in a darkened room: stimulating collyria are scarcely ever had recourse to, and blisters are not frequently used in the treatment of diseases of the eyes. Under this exclusively antiphlogistic treatment patients are long in recovering, and, from the debilitated state in which the organ is left, suffer frequent relapses after exposure to the sharp winds so prevalent in Florence. Inflammations of joints are treated by rest, local abstraction of blood, emollient cataplasms, and counter-irritation. It is generally a long while before recovery takes place. Mercury, both used externally and given internally, is chiefly trusted to for the cure of syphilitic complaints; its use, however, is not carried so far as to induce copious salivation.

Union by the first intention is generally attempted after operations, or recent wounds. Abscesses are opened by a very minute aperture being made, and the matter forcibly pressed out. In two cases which I saw, this gave rise to severe inflammation of the part, accompanied with a high degree of febrile irritation.

In the summer months the heat in Florence is extremely oppressive; the glare from the whiteness of the houses and the flag pavement is exceedingly trying to the eyes, and combined with the cold winds



in spring, is a principal cause of the prevalence of diseases of these organs. In winter, the weather is much colder than at Rome or Pisa; the transitions of temperature are great and sudden, and the rain frequently falls in torrents. According to Moudat, the following is the average proportion of rainy to fine days, from observations made during a period of seven years :

|                               |     |
|-------------------------------|-----|
| Fine days in the year . . . . | 160 |
| Rainy days . . . . .          | 110 |
| Variable . . . . .            | 95  |

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365

From eighteen to twenty inches is the average quantity of rain which falls in a year.\*

The *tramontane*, (which is analogous to the *vent de bise* of Provence) sometimes prevails for days together, and sweeping over the Appenines, is sharp and piercing; while, at the same time, the heat of the sun is often inconveniently felt in some parts of the city. Thus, in less than a minute, the change from summer's heat to winter's cold may be experienced, rendering the inhabitants more susceptible to inflammatory attacks on the lungs and air-passages than those who live in an uniformly cold climate. From the end of November to the middle of March, the climate of Florence is perhaps less adapted than any others in Italy to persons labouring under pulmonary or bronchial complaints. It generally agrees with persons in good health, and with some dyspeptic and nervous patients who seek mental recreation; and I have known it suit some persons with nervous asthma better than any other Italian town. The weather in October and November is usually fine and warm; invalids, on their way to winter at Rome, will frequently benefit more by remaining these months at Florence than by proceeding at once to the place of their destination.

\* Topographie Medicale de Florence.

## ILLUSTRATIVE CASES.

*Gangrenous Erysipelas of Thigh.*—December 20th.

A man, aged twenty, of cachectic habit, after exposure to wet, was attacked seven days ago by fever preceded by rigors; two days after, the fever recurred, accompanied by pain and swelling of the lower part of the thigh, which gradually increased until his admission to the hospital on the 18th December, when he was bled to six ounces, with temporary relief. The lower third of the thigh, and the knee, are much swollen, tender to the touch, and of a dark red hue; skin is hot; pulse 110, small; tongue coated; bowels confined. Ordered bleeding to eight ounces; leeches to the affected part; and a nitrated drink, low diet; a laxative in the evening.

22nd. Application of leeches was yesterday repeated. Patient has had several rigors; countenance is anxious; pulse quick and weak; skin cool; knee and thigh less painful, but retaining the dark hue, which is circumscribed, half-way up the thigh, by a distinct line of demarcation.—The nitrated beverage repeated, and poultice applied to the thigh.

23rd. The patient is scarcely sensible; breathes with difficulty; pulse quick and feeble.—Bleeding to six ounces; leeches to the limb and poultice; potion continued.

25th, died. On examination of the thigh, a quantity of pus was found surrounding the bone; periosteum thickened; the cellular texture above the knee in a sloughy state. No disease of viscera.

This is a case in which early and free incisions would have been made in England, and, conjoined to an opposite mode of medical treatment, might have led to a different result.

*Sloughing Ulcer of the Leg.*—A man, aged sixty-two, was admitted into the hospital, with foul ulcer over the tibia: the patient was labouring

under considerable nervous irritation; dry tongue, frequent pulse, skin warm. He was bled to six ounces, and ordered to take lemonade.

On the fourth day from his admission, the skin was cool; pulse weak and quick: tongue brown and dry; and he had slight delirium. Bleeding to three ounces: lemonade; poultice to the ulcer.

Sixth day. Wandered more in his talk; countenance sunk; pulse feeble; considerable difficulty in breathing: bleeding to four ounces; lemonade. Eighth day, died.

*Strangulated Femoral Hernia.*—A woman, aged forty-five, was admitted under the care of Professor Andreini, with femoral hernia: symptoms of strangulated intestine had existed eleven hours. The patient had vomited several times, and had pain and tenderness on pressure of the lower part of her abdomen; the tumour was of the size of a walnut, and somewhat painful. Venesection to eight ounces. Two hours after admission, the operation was performed. No attempt was made to reduce the tumour by the taxis.

The patient being laid her whole length on the operating table, to which her legs were tied down, one of the pupils, under the direction of the Professor, made the preliminary incisions through the skin, fasciæ, and hernial sac, by which a knuckle of intestine, of a dark red colour, was exposed; the Professor then endeavoured to pass his finger up to the seat of stricture, but experienced considerable difficulty, which was doubtless increased by the tension in which the parts were kept, from the position of the patient. Having at length reached the stricture, a small straight bistouri caché was introduced by the Professor, and its division effected by an incision made in the direction of the symphysis of the pubis. The intestine was then reduced without difficulty.

Shortly after the operation, the patient had an



evacuation from the bowels. In the course of eight hours, the pulse increased in frequency, accompanied with more tenderness of the abdomen on pressure. Eight ounces of blood were abstracted, by which the symptoms were for a time relieved; but, on the following day, the patient had pain all over the abdomen, attended with tension, vomiting, and quick small pulse. Venesection to three ounces, and fomentations to the abdomen were employed. These means afforded no relief; hiccough supervened, and fœcal matter made its appearance at the wound; half an ounce of castor oil was then ordered, which occasioned slight evacuation per anum. The patient, however, died on the fourth morning from the operation.

In this case are chiefly remarkable the absence of urgent symptoms at the time of the patient's admission; the position in which she was placed for the operation; the nugatory effect of the means employed to combat the subsequent inflammation: and the non-employment of laxatives, from a fear of thereby increasing the inflammation of the bowels.

*Treatment after Lithotomy.*—A boy, aged eight years, underwent the lateral operation for stone in the bladder, and went on well until the fifth day from the operation, when he was attacked with pain and tenderness on pressure of the abdomen, accompanied by fever and constipation of the bowels; the urine passed freely away by the wound. He was ordered venesection to six ounces, a poultice to the abdomen, and to drink lemonade. The severity of the symptoms was by these means mitigated, but the bowels continued constipated.

On the fifth day, the bleeding was repeated to the amount of four ounces. On the seventh day, the same quantity of blood was abstracted from the arm, and leeches applied to the abdomen: the patient had a slight evacuation, and felt somewhat relieved;

the symptoms, however, were not removed, and he was greatly reduced.

On the eighth day, half an ounce of castor-oil was prescribed, which produced four or five copious evacuations from the bowels; the patient, in consequence, felt great relief, the pain and tenderness of the abdomen shortly after subsided, and he gradually recovered.

*Cataract.*—A young woman, aged twenty, was admitted with capsular cataract affecting both eyes, so as to occasion complete blindness, which had existed upwards of two years; the patient was, however, able to distinguish a strong light from darkness. The operation of couching was performed on the left eye, from which no apparent benefit was derived, and she left the hospital. Shortly afterwards, she became better able to distinguish the degrees of light or darkness; in a few days, she obtained a confused view of objects, and ultimately was able to see particular objects pretty clearly. It appears that the retina had been so long inactive in this case, that some time was required for regaining its sensibility.

*Contracted Cicatrix.*—A boy, aged fourteen, was admitted to the hospital, having permanent semi-flexion of the fore-arm, in consequence of contraction of the cicatrix from a burn: the contraction had existed ten years. The whole of the cicatrix was excised with a scalpel; the edges of the wound retained in contact by adhesive plaster; and a splint fixed along the anterior part of the limb, which was thus kept in a state of extension during the cure. The wound was healed, and the patient had regained free motion of the fore-arm at the expiration of three months.

*Strangulated Femoral Hernia.*—In this patient, a woman, aged forty, the strangulation had existed twenty hours; during which time, bleeding, the warm

bath, and fomentations, were employed, without relief to the pain, vomiting, and hiccough, which symptoms had gone on increasing. On her admission, the operation was performed, and the intestine reduced with little difficulty: after the operation, she was bled; and an emollient enema injected, which occasioned free evacuation of the bowels. The inflammatory symptoms were slight: the bleeding was, however, repeated twice; and on the fourth day was ordered half an ounce of castor-oil. The patient left the hospital in three weeks.

*Strangulated Inguinal Hernia.*—A man, aged fifty-six, was received into the hospital with strangulated inguinal hernia: the strangulation had existed twenty-four hours. The operation was immediately performed. On opening the hernial sac, a quantity of bloody serum escaped, and a portion of small intestine presented itself, in a high state of inflammation. After dividing the stricture, the intestine was reduced, although with some difficulty. Severe inflammatory symptoms came on, which were relieved by energetic depletion; (was bled five times in thirty-six hours) No alvine evacuation having taken place on third day from the operation, notwithstanding enemata had been administered, he was ordered an oleaginous laxative, which procured copious stools, to his great benefit. Some days after, however, fœcal matter passed out from the wound, and the patient had a recurrence of the inflammatory symptoms: these were relieved by appropriate measures; but the patient having eaten some indigestible food, the inflammation returned, and occasioned his death.

*Recto-vesical Lithotomy.*—The patient was sixty-one years of age, and has been subject to symptoms of calculus in the bladder for twenty-five years: the prostate gland was considerably enlarged, and he passed his urine with great pain and difficulty; the urine was loaded with mucus, and occasionally



mixed with blood. After a few days' rest, the rectovesical operation was performed, and two large calculi extracted: after the operation, antiphlogistic means were employed, and the patient enjoyed during some days a state of greater ease than he had experienced for years. On the sixth day after the operation, the urine did not pass away so freely; he was attacked by obstinate rigors, tympanitic abdomen, and died on the eighth day. On examination, *post mortem*, extensive sloughing was found in the cellular membrane between the rectum and bladder, where a quantity of urine was collected.

*Hydrophobia*.—A case of this disease occurred during my last visit to Florence. The symptoms came on four months after the patient had been bitten by a dog. He died in a few days. Bleeding, baths, leeches, and other means, were employed without relief; but a plaster, containing acetate of morphine, applied to the epigastrium, alleviated the symptoms considerably for twenty-four hours, the patient being able to swallow liquids without much difficulty.

## ROME.

THE profession is at a lower ebb at Rome than elsewhere in Italy. Some of the hospitals were formerly in a shameful state, and the mortality among the patients was very great. The last time I was in Italy, however, I found matters somewhat better than on my preceding visits; though there is still great room for amendment. Some idea of the chances which surgical students have of acquiring information, may be formed from the circumstance of their being prohibited from entering the female wards of the hospitals, even during the visit of the surgeon, who makes his round attended by three or four dressers. In the clinical wards, however, they are allowed to accompany the professors.

Acute inflammation of the lungs occasions a great mortality every winter and spring. Bronchial affections, rheumatism, and diseases of the eyes, though prevalent, are less so than at Florence and Naples. Gastric irritation and visceral *engorgement* are also of frequent occurrence. Phthisis is not so frequent, except as consequent on attacks of acute inflammation: bronchocele is not so often met with as in some other parts: sudden death, from apoplexy or disease of the heart, called by the Italians *accidente*, frequently occurs at Rome: nervous affections are also very general, especially the morbid sensibility of the olfactory nerves with respect to flowers and agreeable perfumes, which exists in so high a degree as frequently to occasion convulsive attacks; even the sight of artificial flowers has been known to produce the same effect. This peculiar antipathy to perfumes is met with, more or less, in most Italian cities. I have known it also to exist in some English residents; the presence of flowers in a room

being often sufficient to produce headache and other unpleasant symptoms.

Intermittent and other fevers, from malaria, are endemic in the summer, at which time the hospitals are crowded with patients from the country. The insalubrity of the season is always in a direct ratio to the intensity of the heat and the quantity of rain; but of late years, since the improved drainage of the Pontine marshes, the frequency and severity of these fevers have diminished. The enervating effect of the climate, and the habits of the Romans, also predispose them to attacks of fever. Foreigners are less liable to be affected by the malaria during the first and second years of their residence in Rome, than in subsequent years.

The practice in the treatment of disease inclines to the Broussaian; the abstraction of blood in small quantities is resorted to in the majority of cases, and as a preventive against malaria fever. Blisters are used to combat the consequences of inflammation. The exhibition of large doses of antimony in acute inflammation is less frequent than formerly. In bronchial affections, prussic acid and sedatives are frequently employed. Vaccination is not encouraged, nor is the stethoscope much used. When constitutional disorder accompanies surgical disease, the physician is frequently called upon to prescribe, the surgeon confining himself to operations and the application of external remedies.

The largest hospital in Rome is the *Santo Spirito*, for the reception of patients of the male sex with acute diseases. It can contain fourteen hundred beds, but the number occupied varies with the season, being comparatively small in winter and spring. The building is low, but of great length: the wards are lofty, but badly ventilated and lighted, the windows being small, and placed against the ceiling. Some wards are often empty; while in the principal one the patients are crowded together, the beds



being arranged in double, and sometimes triple rows, the foot of the first bed touching the head of the second. The floors and bed furniture are not the most clean ; and a stranger, on entering, not unfrequently feels inconvenience from the combination of close air and bad smells. There is a surgical ward, containing about forty patients : the visit and dressings were made in a hurried and slovenly manner. The clinical wards above stairs are small, each containing ten or twelve beds. Phthysical patients are kept in wards separate from the others, from an apprehension of the contagiousness of phthisis. M. Taliabo is professor of clinical medicine. This hospital possesses its own revenues, which are large, having been principally derived from bequests and endowments.

The hospital also contains a large theatre for the delivery of anatomical lectures, a dissecting-room, and a cabinet of pathological anatomy. The medical service is performed by six physicians and one surgeon.

Intermitting fevers are treated principally by cinchona, of which a large quantity is annually consumed ; thoracic inflammations by repeated bleeding in small quantities, the administration of antimony and blistering : in gastro-enteritic inflammation, bleeding, leeches, enemata, and emollient potions, are resorted to : in rheumatic affections, bleeding, warm baths, antimony, and other diaphoretics are employed ; the colchicum is not used.

The Foundling Hospital is annexed to St. Spirito. Infants are received by means of a revolving box, a bell being rung from outside to apprise the person in attendance of its containing an occupant. The number annually received averages eight hundred, of which one half die before the expiration of a year, though the greater number are put out to nurse in the country. Those who survive are brought up, the males to some trade or calling, and at the age of twenty-one are furnished with a sum of money.

to commence life; the females are placed in a conservatory, and are occupied under the superintendence of the nuns of St. Thecla until suitable situations or husbands are procured for them; each girl, on her marriage, receiving one hundred dollars as a portion.

*The Spedale St. Giacomo* is situated on the Corso, in the heart of the city: it is appropriated to chronic and surgical diseases, and to the performance of operations. The number of beds is about three hundred and fifty. The men's wards, on the ground-floor, are close and dirty: the beds being ranged, in double rows, as at Santo Spirito: the women's wards, on the first floor, are somewhat more clean and airy. Very little general treatment is employed in surgical diseases, beyond small bleedings, the exhibition of cooling drinks, an occasional laxative or opiate. The dressings are, in most cases, simple charpie, or emollient poultices. Suppuration after extirpation of parts is mostly encouraged. The mortality, after accidents and operations, is very great, partly from the frequent supervention of hospital gangrene. Ulcers and slight wounds are also very apt to run into gangrene. The lateral operation is usually performed for the stone, but lithotrity is likely to be adopted in some cases. The cure of aneurism is attempted by compression, low diet, and digitalis: if these means fail, the operation is resorted to, ligatures of reserve being used. Hydrocele is mostly treated by injection: couching is the operation preferred in cataract. The oxymuriate of mercury is most usually given in secondary syphilitic symptoms. The clinical wards contain about sixteen beds.

*The Spedale della Consolazione*, situate near the Forum, and in better air than the other, consists of two wards on the ground floor, on opposite sides of the street: it is exclusively appropriated to the reception of accidents. The men's ward contains

about sixty beds, is very clean and airy : in the women's ward there are about thirty beds. The patients are not so crowded together as in the other hospitals. Two surgeons and one physician are attached to this hospital.

Union by the first intention is said to be attempted in wounds: fractures of the thigh and leg are treated in the extended position, the limb being placed between two ferulæ, or straight splints, connected together by tapes, in the manner of a junk.

*The Spedale S. Giovanni*, in the square of the same name, contains about three hundred beds, and generally two hundred patients, all females. The principal ward contains one hundred and thirty beds, is clean, light, and airy. On the wall are inscribed the names and amount of donations of benefactors to the hospital. There are two physicians, a surgeon, and two assistant-surgeons. Visits are made twice a day.

*The Hospital for the Insane* consists of two separate buildings,—one for each sex. Each building is of a square form, and incloses a courtyard, in which the patients walk about, there being no other place for exercise. The number of beds amounts to four hundred, which are nearly all occupied. In the day-time, the patients walk about the courts and corridors, or sit huddled up in corners; some of them without shoes, and almost without clothing. In several parts, chains, with a ring for the neck or foot, are fixed to the walls, to confine furious patients. Some of these patients occupy cells in the courtyard; the others sleep in small but clean wards, containing each from ten to twelve beds. There is no division of the varieties of insanity, but all are mixed indiscriminately together. The strait waistcoat is the usual means of restraint, chains being only used in extreme cases. One physician and one surgeon are the medical attendants, and the number of superintendents appears extremely limited.



No moral measures are resorted to in the treatment, which seems to consist principally in bleeding, warm, cold, and douche baths. Those patients whose bodily health is disordered, are treated in a ward set apart for that purpose. The number of cures I should suppose to be very small. The average number of admissions is one hundred annually. As I have not visited this institution within the last four years, some amelioration may since have taken place.

The hospital St. Rocco is for the reception of poor lying-in women, who are secretly delivered; and it not unfrequently happens that some of the higher classes likewise enter the hospital for this purpose, on paying a pension. No questions are asked, and the inmates are allowed to keep their faces covered with a veil. The infants are sent to the Foundling Hospital.

The hospice St. Michael is a large edifice, with a façade fronting the Tiber, with a population of nearly one thousand individuals, consisting of old persons of both sexes, and children, who are employed at various works, and are brought up to some business. Here is also a penitentiary, with a tapestry manufactory, similar to the Gobelins at Paris; and workshops, where females who have led a disorderly life are condemned to work for a specified time.

The climate of Rome is milder, and the winter shorter and less severe, than in other parts of Italy. The air is soft, but at times oppressive, and is very apt to cause depression of spirits in healthy persons. Its mean winter temperature, according to Sir J. Clark, is ten degrees higher than London, seven degrees higher than Pau, and one degree higher than Nice. In spring it is nine degrees above London, three degrees above Pau, one degree above Nice, one degree below Naples, and four degrees below Madeira. With respect to steadiness of tem-

perature from day to day, Rome is superior to Naples and Pau, but inferior to Nice and Pisa. A third more rain falls than at Nice, but it is considerably drier than at Pisa. A frequent cause, however, of dampness at Rome, is the stagnation of the air, and the exhalation from the earth after sunset, of which foreigners are sometimes very sensible. From the tables appended to Sir J. Clark's work, it would appear that more rain falls throughout the year in Rome than in London, the mean quantity being thirty-one inches in the former, and twenty-one in the latter: the number of days on which rain falls in London on an average throughout the year is one hundred and seventy-eight, whilst at Rome it is only one hundred and seventeen; but it must be borne in mind, that small quantities at a time, or showers, are very common in England, while at Rome the rain falls more violently, and at particular seasons, leaving a longer interval of fine weather. About the same quantity of rain falls at Florence as at Rome, though from the comparative stillness of the Roman atmosphere, while that of Florence is frequently agitated by winds, the climate of the latter city is not oppressive like that of Rome, which not unfrequently disposes to melancholy, and to nervous affections, after a prolonged residence, but more especially during the prevalence of the sirocco wind, which, however, agrees very well with the majority of Romans, and with many invalids. The tramontana sometimes prevails during several days in succession, and affects persons so much the more prejudicially, from the previous mildness and relaxing quality of the air. I may mention, as a proof of the great difference of temperature to which incautious persons frequently expose themselves, that of two thermometers placed in a window at the same time, the one on the sunny side exhibited ninety-one degrees Fahrenheit, whereas the mercury of that in the shade stood only at forty-five degrees.

On the whole, Rome may be considered the best residence in Italy in consumptive cases, though when phthisis actually exists, little permanent benefit can be expected; and since the climates of the continent have been better understood by the profession in England, the number of those who are sent out when labouring under irremediable disease, is much less than formerly, and comparatively few invalids now resort to Rome. In the tendency to consumption, however, much advantage might often be derived from wintering at Rome for two or three successive years; but persons similarly circumstanced should not in general remain throughout the summer in Italy. In some cases, Pisa would agree better than Rome; in others Nice; especially when the complaint is of a scrofulous origin, and the patient is of a torpid or phlegmatic temperament, marked by slow languid circulation; whereas in the opposite condition, which is characterized by a florid complexion, accelerated circulation and respiration, Pisa or Rome would be preferable. In some bronchial and laryngeal diseases, which are not unfrequently mistaken for disease of the lungs, and which in fact do frequently superinduce disease of these organs, the climate of Rome will produce permanently beneficial effects, and will often materially contribute to their removal. Those cases marked by a tendency to inflammatory action, or accompanied with much local irritability, are in general the best adapted for Rome; while those more chronic forms, especially in old people, and attended with free expectoration of mucus, will often derive more benefit from Nice or Naples, though they would do well to remove from these localities in the spring. Many dyspeptic, rheumatic, and gouty invalids, especially of an irritable habit, will likewise derive benefit from passing the winter at Rome, or between Florence, Rome, and Naples. Rome generally agrees with elderly people, and



many attain there a great age. It does not in general suit patients with neuralgic or nervous affections, neither would a prolonged residence be advisable for those liable to cerebral congestion.

The following cases from the surgical clinique will further serve to illustrate the remarks which I have made on the practice.

*Disease of Testicle.*—A man, aged thirty-eight, had long been afflicted with sarcocele, which the treatment employed had not benefited; he was obliged to go into the country, and there consulted a surgeon, who, considering the disease to be hydrocele, plunged a trocar into the tumour: as no fluid escaped, he made an incision through the scrotum, and lacerated with his finger its connexions with the tumour, which occasioned an increase in its size, and considerable constitutional disturbance to the patient. The surgeon then passed a seton through its substance; the patient became worse, returned to Rome, and was admitted into the hospital. The tumour was of the size of a small melon, uneven and tuberculated on its surface, and discharging, through the apertures made by the seton, dark fetid matter. The patient was greatly reduced, with irritable pulse, and troubled with diarrhœa. After three days' rest, a bistoury was plunged into the tumour, which was laid open in its whole extent: about a pound and a half of fungous substance of a livid colour was excised, the operator fearing to remove the whole tumour, on account of the weak state of the patient. The bleeding was restrained by application of ice.

On the seventh day from the operation, a ligature was tied tightly round the base of the tumour, which separated in five days. The patient gradually recovered, and was quite well at the expiration of seven weeks.

A man, aged twenty-two, had disease of the testicle, which was situated in the groin, whence it had

never descended to the scrotum. The tumour was of the size of a lemon, hard at its base, with a feeling of fluctuation at other parts; it was punctured with a trocar, and a quantity of fluid escaped. On the day following, the spermatic cord was exposed by an incision, and a ligature passed under it, tied tightly. Mortification of the testicle soon came on: in a few days, however, the patient experienced some stiffness in the motions of the lower jaw; tetanus supervened, and he died.

These cases were in the first edition, and consequently occurred several years ago.

It will be seen from the following cases, taken during my last visit, that the surgical practice is improved.

*Inguinal hernia.*—A man, aged forty, who had been subject to hernia from his infancy, was admitted, February 10th, with the hernia, in a state of strangulation, which had existed three days. No difficulties occurred in the performance of the operation, and the intestine, which was somewhat inflamed, and had contracted adhesions, was, after these were destroyed, returned into the abdomen. He was ordered a draught, composed of equal parts of almond and castor oils; the bowels acted in the course of the afternoon, and on the following morning his condition was favourable; no pain, but only a sense of soreness over the abdomen.

13th.—The wound dressed; a plug of charpie, about three inches long, passed along its tract, in order, as it was said, to cause the wound to heal from the bottom, and to prevent a relapse.

18th.—Going on well.

*Strangulated inguinal hernia*, in a man aged forty-five, in whom the hernia had once before been strangulated, but was reduced. On the present occasion the strangulation had existed for twenty-four hours, with great pain in the tumour, and extending over the abdomen; constipation, and con-

stant vomiting. After bleeding, the warm bath; the application of belladonna ointment, and the taxis, had proved ineffectual; the operation was performed (February 6th) without difficulty, and a portion of inflamed and dark-coloured intestine returned into the abdomen. The more urgent symptoms immediately subsided; he was ordered some castor-oil, mixed with oil of almonds, (the usual practice after the operation,) and in the evening eight ounces of blood were abstracted. Several free evacuations took place, and in the morning he had very little pain on pressure. No sickness, pulse about ninety, not full; skin warm; ordered to drink plentifully of barley water.

February 10th.—At my visit this morning I heard that he had been attacked by peritoneal inflammation on the evening of the 8th. There was considerable pain on pressure, diffused over the abdomen tympanitis; pulse small and quick; countenance sunk; bowels confined. Since the 8th he had been bled threetimes, about eight ounces of blood being abstracted each time, which was cupped and buffy; and had had leeches applied to the abdomen, and emollient lavements. The bleeding was ordered to be repeated, and more leeches to the abdomen; a lavement. Died on the 12th.

It would appear in this case that sufficient attention was not paid to keeping up the action of the bowels; and on the recurrence of the inflammation, the small and repeated bleedings were insufficient to arrest it, as might have been done by a more energetic treatment at the commencement.

*Compound Fracture.*—An old woman, aged sixty, slipped off the step of her door, on the 9th of February. On being brought to the hospital, a compound fracture at the inferior third of the tibia, the wound on the inside having been caused by the protrusion of the end of the fractured portion through the skin. The fibula was broken above the mal-



leolus; a good deal of bleeding occurred; the limb was put up in a junk; and on the next day a piece of bone, two inches and a half in length, was found to be detached from the rest; and as the skin over it was much inflamed, it was divided, and the bone (a piece of the crest of the tibia) extracted. Cold lotion was applied.

13th February.—No fever, and but little pain; the limb not sufficiently supported by the junk on the sides; very little inflammation about the wound; lower portion of the bone denuded of periosteum to some extent.

20th.—The limb has been placed in a wooden box, like that of Assalini; the pulse is low; the wound has a sloughy aspect, and a considerable portion of both ends of the bone denuded. Her countenance was, however, tolerably good; she had been ordered decoction of bark, and four ounces of wine, daily.

On the 24th, amputation was performed by the house-surgeon, the surgeon superintending; a fillet of ribbon was tied around the limb, just above the point of incision, in order to serve as a guide, and mark its regularity. In consequence of the vessels retracting, they could not be taken up with the forceps; needles, armed with ligatures, were therefore passed through the muscular fibre, at the points whence the bleeding proceeded, to arrest it; and a pledget of charpie having been introduced into the wound, the edges of the skin were brought into apposition over it, by strips of adhesive plaster, over which compresses and bandage were placed, in the French fashion. After the operation, the pulse was very feeble. Patient was ordered strong broth, with wine and water, but did not survive two days.

In this case the operation was too long delayed to offer much probability of success; as several days before it was performed, it was evident the limb could not be saved.

*Amputation of the leg* was performed, February 23, on a female of cachectic and weakly habit, who had been in the hospital about a fortnight, with an osteo-sarcomatous tumour of the tarsus. There were likewise some small nodular tumours along the tibia, and a cluster of enlarged glands in the groin; she had been put upon meat diet, ordered quinine and wine, and her general state was somewhat improved before the operation was performed. The stump was dressed in the usual manner, and soup, with a little wine and water, was allowed.

On the 25th, some degree of febrile action, with a sense of oppression on the chest, supervened, from which she was relieved by the abstraction of a few ounces of blood, and being placed upon fever diet. The appearance of the stump was favourable; she recovered from the immediate effects of the operation; but in all probability would before long succumb to internal disease.

*Lithotomy*.—January, 1840.—The lateral operation was performed on a boy, aged ten, who struggled very much at the time: the incisions through the skin and neck of the bladder were made with a narrow-bladed bistouri; the latter incision appeared to be too small; the operator experienced a good deal of difficulty, and employed force in introducing his finger into the bladder, which contracted strongly. After about five minutes' attempt, the stone (which was of the size of a large almond) was extracted. The patient was, however, seized with convulsions, and died in the night. On examination, considerable extravasation was perceived about the neck of the bladder, and the parietes of the viscus were much thickened.

*Lithotomy*, on a boy aged twelve, of sallow unhealthy appearance, from the environs of the city, who had had attacks of intermittent. The operation did not take more than two minutes; the stone was of an oblong shape, nearly two inches, the ex-

ternal coating of the phosphates. He afterwards experienced some tenderness of the abdomen, for which leeches were applied, and he appeared to be going on favourably; but after a few days, abscess formed under the abdominal muscles, under which he sank.

*Lithotrity* had never been performed in the hospital at Rome; but after a demonstration which I gave on the dead body, the process appeared so simple, that the surgeon shortly afterwards adopted it in two cases, of which the following is an account: A man upwards of sixty, who had long laboured under stone, but whose urine was clear, and who presented no other unfavourable complication beyond some degree of irritability in the bladder, was lithotritised February 12, after having previously been subjected to the preliminary introduction of bougies to blunt the irritability. The stone, when seized, exhibited a diameter of fifteen lines, and was broken; a somewhat large lithotrite, without any opening in the back blade, which belonged to the hospital, being employed—the loan of my instrument having been declined. The patient did not suffer much during the sitting, and was ordered a hip-bath afterwards: in the course of the day and night he passed several fragments of a phosphatic calculus. On the following days he had no fever, or other marked symptoms; but on the 18th he was seized with a convulsive nervous attack, (somewhat of an epileptic nature, to which he had previously been subject,) accompanied by fever, quick pulse, and difficulty of breathing. The symptoms continuing to increase, he died on the 23rd. On examination, chronic inflammation, with hepatization of the right lung. The parietes of the bladder hypertrophied, and its mucous membrane congested, especially about the neck; abscess in the right lobe of the prostate, which was somewhat enlarged. The stone, which was chiefly composed of phos-



phates, and of the size of a small walnut, was divided into two large portions, and some small fragments. During the last days of his life, the patient had not complained of symptoms referable to the urinary organs.

A young man, aged twenty, of unhealthy appearance, from the environs, who had had intermittent fever, and whose spleen was a good deal enlarged, was sent to the hospital to undergo lithotomy; but as the stone was not large, the surgeon thought lithotrity was preferable, notwithstanding there was a good deal of irritability of the parts on the introduction of a bougie. After this had been somewhat lessened, by passing a bougie every few days, and by injections, the first application of lithotrity took place in the middle of January. The stone, when seized, measured twelve lines, and was crushed. The sitting was not very painful, and occupied about four minutes. The patient passed several fragments of a lithate of ammonia calculus. Two or three days afterwards he had slight fever, and some difficulty in passing his urine, which was clear. The symptom subsided after the application of leeches to the hypogastric region, and baths.

About ten days after the sitting, the patient being free from any unfavourable symptom, another application of the lithotrite was attempted; but the bladder contracting strongly, forced out the injected fluid: this also recurred on a second injection, and the attempt to introduce the instrument into the bladder failed; some bleeding ensued on its withdrawal. The operation was therefore postponed, the great irritability of the parts being ascribed to the apprehension of the patient. He was ordered a hip-bath, and an emollient injection into the bladder. A few days passed without any unfavourable symptom; after which he had a slight attack of fever, accompanied with some nervous symptoms, though without pain, or undue irritability of the

urinary organs; the urine, which was clear, passing away freely: a few ounces of blood were abstracted, and baths ordered.

On the 8th of February he bore the introduction of the catheter tolerably, and an injection was retained: his general state was satisfactory.

On the 13th, as the irritability of the parts had subsided, and he was able to retain the injection, the lithotrite was introduced; the stone (measuring nine lines) was seized, and broken without difficulty, the pain being much less than on the preceding sitting. Having been obliged to leave Rome, I was unable to ascertain the result of this case.

*Punctured Wound.*—A man, aged forty, of full habit, received a wound in the epigastric region from a stiletto, (his adversary took refuge in a church, whence he was removed by the police,) and a portion of the stomach protruded; this was replaced, and the parts united by suture and adhesive plaster, compresses and bandage being applied. Very little feverish action ensued; only one venesection was required; and in a week the patient was convalescent.

*Fracture.*—A woman was admitted with transverse fracture of the tibia and fibula; the leg was placed in a junk in the usual manner. As there was no swelling after a few days, I proposed the application of the starched bandages and pasteboard splints. This was applied, the patient feeling no inconvenience. In about ten days, as the bandage became loose, and she complained of pain in her heel, fresh bandages were applied, and the bones were found to be in good apposition. She was permitted to get about the ward in two or three days.

## NAPLES.

Naples, containing three hundred and eighty thousand inhabitants, is built partly along the bay, and partly on the acclivity of a hill; and its climate, though perhaps the driest in Italy, is at times exceedingly changeable with respect to variations of temperature, which are often great, frequent, and sudden. Cutting winds not unfrequently prevail with severity, especially in spring; that part of the city inhabited by strangers is particularly exposed to their influence, while at the same time the sun frequently has great power, and renders invalids extremely susceptible. Persons, therefore, with diseases of the lungs and air-passages, or rheumatism, should not remain at Naples in February and March. During November, December, and frequently the greater part of January, the weather is usually fine and mild. The climate does not in general disagree with dyspeptic and nervous patients, unless there be a high degree of irritability; and those whose general health is disordered, may usually pass the whole or part of the winter very well at Naples. The climate is generally found to be too exciting for gouty patients of an irritable or plethoric habit. The sirocco is more severely felt than elsewhere in Italy, and by its relaxing and paralysing influence, frequently renders persons incapable, during its prevalence, of ether mental or bodily exertion. After the month of April, the heat is so great in the middle of the day, that scarcely anybody is to be seen in the streets. The most prevalent diseases are inflammations of the lungs, pleuritis, bronchial affections, gastric fevers in summer, and diseases of the eyes.



Naples contains an university, and several hospitals. The university is a large quadrangular edifice, enclosing a courtyard, situate in a rather low neighbourhood. On the ground floor are various lecture-rooms; on the first floor is a museum of natural history, especially rich in the mineralogical department; and a library, to which students have free access. The number of students is about three thousand, of which one-third study the medical sciences; the period of study is five years, the last two years being principally occupied in the clinical studies in the hospital. During the period of study there are three examinations; and at the termination, a full examination, at which the candidate has also to write and defend a thesis, the subject being drawn by lots. The fees for taking out a diploma are eighty ducats. This being the chief university in the kingdom, those who have studied in other towns are obliged to come to Naples, and remain two years, attending the classes and hospitals, before being allowed to practise. The following are the professors:—Surgery, De Horatiis; Clinical Surgery, Petrunti; Clinical Medicine, Lanza; Physiology, Lucarelli; Ophthalmology, Quadri; Materia Medica, Macri; Chemistry, Clementini; Medical Jurisprudence, De Furno; Anatomy and Pathological Anatomy, Gillo; Medicine, Vulpes and Ronza; Dean of the Faculty, Santoro.

There is likewise a medical college for one hundred and twenty students, who pay each ten ducats a month, and are lodged and boarded, while attending the university lectures, and the clinics.

The Spedale degl' Incurabile is the largest hospital, situate in an elevated and airy position, and containing fourteen hundred beds. It is two stories high, and is built round a courtyard; the wards are long and lofty, clean, and pretty well ventilated. This hospital is properly for the reception of chronic and surgical diseases; acute diseases are,

however, admitted. There are two supplementary hospitals in the suburbs for convalescents. Four chief physicians and four surgeons superintend the treatment; but the whole number of medical attendants attached to the hospital amounts to nearly forty. As at some other Italian hospitals, rooms are set apart for patients who pay from four to six *carlini* daily. There are, besides, two long wards for consumptive patients, consumption being considered infectious in Italy; also separate wards for syphilitic patients, the number of whom amounts to more than one hundred. There is likewise an incurable ward, to which moribund patients, or those considered past recovery, are transferred. The female patients are attended on by "sœurs de la charité;" the men, by male attendants. Daily visits are made at an early hour; serious operations, which admit of delay, are only performed in spring or autumn. Over the operating theatre a hand is painted, with an eye in the palm.

In syphilitic cases, mercurial frictions are made in the softer part of the sole of the foot, from half to three quarters of an hour at a time, by an infirmier, whose hand is covered by a leather glove. The feet are soaked in warm water every second day. This plan, however, is not adopted in the summer months, as it then produces salivation too quickly. It is thought that mercury is by this means more easily absorbed. In some cases, especially in affections of the skin, the oxymuriate or calomel is given internally. Mercurial dressings are usually applied to syphilitic sores: the practice is said to be attended with great success. There are generally several cases of stone in the hospital, which are for the most part young subjects sent from the provinces. The disease is rare among the higher classes: lithotrity had not been performed in the hospital at the time of my last visit. Professor Petruni has great success in lithotomy, the operations being delayed

until the spring and autumn, unless urgently required at other seasons, as experience has showed that those done in summer or winter do not succeed. A long broad-bladed knife, without any button at the end, is used for making the incision into the bladder. The dressings employed to wounds are mostly simple, stimulating applications being rarely used: union by the first intension is attempted where practicable. Clinical lectures on medicine, surgery, and diseases of the eyes, are delivered in the hospital; but the clinical wards do not contain more than six beds each. In the surgical ward was a case of pseudo-elephantiasis of the leg, which was enormously swollen, and the skin cracked in fissures. This complaint is not uncommon in some parts of the environs, and is said to arise from misery, and deficient or improper food. The ophthalmic clinique contains eight beds. Professor Quadri employs depletion and warm applications only at the commencement of acute ophthalmia: in the varieties of chronic inflammation he trusts to internal remedies, as calomel, counter-irritants, and stimulating collyria. He most frequently extracts cataracts; in some instances, however, he depresses, employing two needles, one on each side. Quadri is likewise the director of an institution for the reception of the incurably blind, who are taught to read, write, geography, &c., by the touch. I accompanied him to an instrumental concert, at which the blind performers acquitted themselves extremely well, as an orchestra, in executing some of the compositions of Rossini and other celebrated *maestri*.

Iritis is mostly treated, not by active depletion, (which is found to disagree,) but by applications of Cirillo's ointment, (one part of oxymuriate to nine parts of lard) In entropion, cauterisation of the skin of the eyelid is employed so as to form an eschar, which, on healing, causes the lid to regain its normal position. The wards for the eye patients



are of various degrees of darkness. After the operation for cataract, patients are put into the darkest ward.

Aneurism is not uncommon among porters and others of the labouring classes. Scarpa's method of operating is preferred. Where there is no actual disease of the vessel, the ligature is removed after three days. Hernia is usually operated immediately after the failure of the taxis : a laxative is given subsequent to the operation.

The practice of medicine is chiefly "Hippocratic," the administration of remedies being determined by observation of the symptoms in each particular case. Bleeding, however, is pretty general for slight ailments, and in various parts of the town the phlebotomists' signs (a man with all the principal vessels spouting blood) painted over the doors, will not fail to arrest the stranger's attention. Antimony and James's powder are in very general use in acute disease ; antimonials, however, are not given in the same large doses as formerly. Chronic disease of the digestive organs, especially of the liver, is very common among the poorer people, from the indigestible nature of the food, and from living in cellars and damp localities. Calomel and saline aperients are often employed in the treatment of these affections.

The Hospital Pellegrini contains eighty beds for the reception of accidents happening to the male sex. At the time of my visit, there were not more than sixty cases in the house, consisting for the most part of contusions, fractures, and of wounds from the stiletto. A fracture of the neck of the thigh-bone in an old man, was treated without any splints, the limb being merely kept in the flexed position with a pillow under the knee. After about a fortnight's confinement to bed, he was allowed to get about on crutches. Fractures of the shaft of the bone are treated by Boyer's apparatus, viz. long

splints reaching from the hip to the foot, without any bandages on the thigh. Among the patients was a man aged forty, who had received a stab in the axilla, which wounded the artery, and occasioned profuse hemorrhage, which was restrained at the time by pressure. On the fourth day, the subclavian was tied below the clavicle by Scarpa's method; a ligature, composed of several threads, being applied with a small fold of linen between it and the vessel, there was no return of hemorrhage, and the patient was doing well on the twelfth day. There was likewise a case of punctured wound of the knee joint, which was treated by venesection, leeches, cold lotions, and aperient medicines.

La Trinità is a large military hospital, in an elevated part of the town, containing eight hundred beds. A physician, a surgeon, and twelve assistants, perform the duties.

Sta. Maria della Fede. This hospital lies at the outskirts of the city: it contains three hundred beds, and is appropriated to the reception of females affected with syphilitic disease, who are divided into two principal classes, according as their cases are acute or chronic. This latter category is again subdivided into merely local affections, and secondary symptoms requiring the mercurial course by inunction: when the friction cannot be supported, calomel is given internally. There are six surgeons, and a director, (Petrunti.)

The Hospital San Loreto, containing three hundred beds, is chiefly for patients from the Albergo dei Poveri, (a large poor-house, with five thousand adults and children of both sexes, who are employed in various manufactures.) A medical director, a surgical director, and several supplementary physicians, perform the duties. Here likewise is a ward for mercurial frictions; as also an anatomical and pathological museum, in which are some well-executed wax preparations; those representing the

muscles of the face, the minute branches of the fifth and seventh pairs of nerves, and diseases of the skin, are particularly good. The museum contains a large collection of calculi, (mostly urate of ammonia,) two or three of very large size. Superadded to this are rooms containing a collection of crustacea and shells found on the shores of the Mediterranean; a cabinet of mineralogy, and one containing representations of vegetables, and poisonous fungi, in wax.

The Hospital La Pace is annexed to the convent S. Giovanni di Dio, and contains sixty beds for acute diseases occurring in persons of the male sex. The patients are attended upon by the brethren. The principal ward is handsome and spacious, the ceiling being ornamented with fresco-painting. At the head of each bed is a porcelain figure of the Madonna: the greatest cleanliness prevails throughout. Don Nicolo del Giudice is the physician.

The most frequent diseases are inflammation of the respiratory organs, and typhoid fevers, which are treated by bleeding and James's powder, here called English powder, (two grains four times a day;) cooling beverages, composed of nitre or supertartrate of potass, and laxatives, as castor-oil. In inflammation of the lungs, venesection from ten to twelve ounces, repeated two or three times a day if necessary, with small doses of tartarized antimony; and in a more advanced stage, blisters. Eruptions on the skin, and intestinal lesions in those who die from typhoid fevers, are found in many instances, but not so generally as to give a distinctive character to the disease.

The Hospital St. Eligio is likewise annexed to the convent of the same name, but is for the reception of females, and presents a contrast to the former with reference to its appearance, the closeness of its situation and the air, as also to cleanliness. It contains one hundred beds. At the time of my visit, many of the patients were affected with petechial



nervous fever, which, since the disappearance of the cholera, had at times prevailed endemically. The usual treatment was by James's powder, and a mixture, composed of a grain of tartarized antimony with a few grains of nitrate of potass to twelve ounces of water, which occasioned free action on the skin and kidneys. Purgatives were not attended with advantage, as they often caused the eruption to recede; and when this occurred, the patients mostly died. The cholera was found to be most successfully treated by emetics, and small pieces of ice dissolved in the mouth.

The Sta. Annunciata is a large foundling hospital. There are at Naples an Academy of Sciences and a Royal Medico-Chirurgical Academy. Two medical periodicals are published.

The establishment for the insane at Aversa, near Naples, termed the Reale Morotroffio di Sta. Madelena, consists of four buildings at a short distance from each other, and is the most extensive and best regulated of the kind in Italy; but its advantages are said to have been exaggerated in some of the accounts which have been given. The principal edifice, formerly a convent, has a neat façade, and is built round an exterior and an interior courtyard; in the latter many of the patients are assembled, but they are not allowed to walk in the former. On the sides are dining-rooms of the richer and poor patients, with the baths, including douche, shower, and a surprise-bath in a separate room. The latter is on a level with the floor, and covered with matting: the patient, on advancing, falls in unexpectedly: it is not, however, used at present.

On the first floor is a long gallery, with cells originally occupied by the monks, but now converted into rooms, containing three or four beds; as these cells were intended for only one person, there is not sufficient space; the beds are necessarily placed close to each other, and the air becomes vitiated.

Those persons who pay a pension of twelve ducats a month, have a cell to themselves; as also better and more abundant nourishment than the poorer patients. At one extremity of the gallery is a small chamber, containing several vertical beds for furious patients, whose legs are placed in a case lined with leather, and fastened by a padlock: the straight waistcoat is also used. At another part of the gallery is a darkened chamber. Dr. Vulpes speaks advantageously of its effects in quieting intractable patients: at the opposite extremity of the gallery is the conversation-room, which contains a piano, with other musical instruments, though they do not seem to be much used.

The house contains two hundred and sixteen men; some are employed in gardening, but the greater number assemble in the interior courtyard. What most characterises this establishment is the regularity which prevails in all the departments: on the beating of a drum, the patients rise, assemble in the refectory, and breakfast with decorum and tranquillity; quiet patients are present at prayers. This regularity is found to produce a very good effect. If any patient should become unruly or misbehave himself, he is not allowed to assemble with the rest, and is placed on a lower diet. This is considered a disgrace, and it rarely happens that any outbreak occurs. The knives are chained to the dinner-table. The patients wear an uniform, the colour of which varies according to the nature of their insanity. Priests have a cross marked in their cassock.

Incomplete general paralysis is as rare at Aversa as it is common at Charenton. Professor Vulpes considers that the frequency of paralysis at Charenton, Bicêtre, and the Salpêtrière, is owing to the circumstance that the majority of the patients there are advanced in life, and had been habituated to intoxication and irregular living. The diseases under which the majority of patients succumb, are

apoplexy, diseases of the chest, aneurism, and gastro-enterite.

Professor Vulpes divides the patients into curable and incurable, and establishes a first class composed of furious patients ; second class, turbulent and talkative patients ; third class, those dirty in their persons ; fourth, monomaniacs.

There are chambers of observation, where patients are placed on admission, till the nature of their alienation is ascertained. The remedies most frequently used are bleeding, leeches, emetics, and laxatives ; the greatest reliance is, however, placed upon the habits of order and the moral restraint.

The department for women contains two hundred and thirty-six persons. M. Brière de Boismont did not speak in high terms of this institution, where the inmates are too closely crowded together. He terminates his observations with a table, which tends to show that insanity is less common in Italy than in France, England, Scotland, or Norway ; and that mental alienation is frequent in proportion as countries are less quiet, and more advanced in civilisation. Thus Turkey, Egypt, and Russia, contain very few insane, and in northern Italy, where information is more generally diffused, the number is nearly double to what it is in the south. The causes which act almost exclusively in Italy in producing alienation, are ambition, vanity, pride, love, and religious fanaticism ; this last is most frequent among women. Pellagra, in the north, is one of the most frequent causes. Professor Vulpes, however, states that these causes (except the last) are less frequent than is supposed ; and that the majority of cases arise from disordered affairs, domestic chagrin, &c.

#### ILLUSTRATIVE CASES.

*Pneumonia and Typhoid Fever.*—A man aged fifty-five, was received into the hospital, labouring



under fever, accompanied by great prostration of strength, fixed pain in left side of thorax, great difficulty in breathing, expectoration of bloody mucus, anxious expression of countenance, and brownish dry tongue. He was ordered venesection to the amount of fourteen ounces; leeches to the side; an ounce of castor-oil; and a mixture containing nitrate of potass. The thoracic symptoms were much relieved by these means: the patient was, however, greatly weakened, and had dry, brown tongue.

On the third day he was ordered a blister to the side, and a mixture containing tartarized antimony.

On the eighth day, he was more weak, and had occasional hiccup. Same medicine continued.

On the eighth day, two or three lumbrici were passed from the bowels, with several copious evacuations of fetid matter. He continued to get worse; delirium supervened, and he died on the twelfth day from his admission.

On examining the body, traces of inflammation were apparent in the stomach and ileum; the pleura was strongly adhering on left side; and small abscesses were found in the left lung which was in part hepatized.

*Dropsy with Hypertrophy of the Heart.*—A keeper of a cook-shop, aged forty-five, was admitted, with ascites, edema of lower extremities, and great difficulty of breathing; he had laboured under dyspnoea for several months past; the pulse was, however, regular; he had no cough nor thirst, and passed his urine freely.

The means of relief employed were, the repeated application of leeches to the anus; giving the patient supertartrate of potass every morning, two grains of squill powder every night, and putting him on milk diet: the disease, however, made progress. The diuretics were varied, and the digitalis given, but without benefit: and the patient died fifteen days after his admission. The diagnosis on

his admission was hydrothorax, followed by abdominal and serous effusion.

On examination, post mortem, the peritoneum and intestines were healthy; several quarts of fluid in the abdomen; liver enlarged and tuberculated: extensive adhesions of the pleuræ; lungs slightly inflamed; the heart much increased in size, and softened in its substance; ascending aorta greatly dilated. The quantity of serum found in the thorax was less than had been anticipated.

*Acute Ascites.*—A porter, aged thirty-two, who had enjoyed good general health, was admitted into the hospital, with ascites and anasarca of lower extremities. The abdomen was not much distended, but fluid was readily felt on percussion. He first felt himself indisposed after exposure to wet and cold, a fortnight before his admission.

On admission, he had thirst and dry skin; the tongue was redder than natural; pulse regular, but hard; bowels constipated; urine scanty. He was ordered milk diet, a bleeding from the arm, and saline purgatives. In a few days, a sensible amelioration had taken place; the abdomen was less tumid, and the anasarca of the lower extremities had diminished. A continuance in the same plan completed the cure, and he left the hospital three weeks after admission.

*Chronic Ascites.*—The patient, a man aged forty-five, was of an emaciated and cachectic appearance; he resided in a marshy district, and had felt, for some weeks previous to application for relief, obscure wandering pains in the abdomen, and great weakness; he experienced constant thirst, and his urine was scanty. When admitted into the hospital, the existence of fluid in the abdomen was apparent on percussion; the tongue was clean, and no appearance of disease of the liver existed. The ascites was considered to be the result of chronic peritonitis, the predisposing cause of which was the

malarious influence to which he had been constantly subjected. He was sent to an establishment for convalescents in the country : was allowed to walk in the open air ; prescribed milk diet ; half an ounce of oxymel of squills night and morning. A few weeks passed over without any perceptible change for the better or worse. The quantity of oxymel was increased to two ounces daily, and blisters were applied to different parts of the abdomen. By perseverance in this plan, he recovered firm health, and was discharged three months after application at the hospital.

*Popliteal Aneurism.*—A man aged sixty, of good constitution, was received with an aneurism of the size of a small orange in the right ham : he had no appearance of any other disease of the vascular system. Low diet, bleeding, digitalis, and the application of cold to the tumour, were the means prescribed. This treatment was continued for some weeks, without effect. The femoral artery was then tied in the upper third of the thigh ; a ligature of reserve was employed. The pulsation in the tumour ceased, and all went on well for some days, when the pulse became more frequent, and occasionally intermitted. A bleeding from the arm was practised, and cooling drinks ordered. In a few days the pulse became more weak, and cough, dyspnœa, and spitting of blood supervened ; the bleeding was repeated, and hyoscyamus given : the pulmonic symptoms yielded ; the patient recovered his strength, and, being cured of the aneurism, was dismissed in three months.



## P A R T   III.

## GERMAN MEDICAL INSTITUTIONS.

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THE hospitals of Germany, like those of France and Italy, are mostly under the superintendence of their respective governments; but are inferior in point of size and interior organization. They are chiefly supported by funds derived from taxes on parishes and districts, and by contributions from servants and others of inferior classes, who thus, when ill, acquire a title to admission. Some of the patients also pay a certain sum weekly for their support. A fixed salary is allotted to the medical men, who are not usually elected by public competition, but are mostly appointed by the council, the appointment being subjected for the approval of the government. Hired nurses attend upon the sick, there being no religious sisterhood except in Austria to undertake this duty. The bodies of those who die in hospitals are generally examined, though morbid anatomy is not very zealously cultivated, except at Vienna. Professional visits are made daily, at a later hour than in French and Italian hospitals.

Germany possesses upwards of twenty universities—a larger number than any other country. The situation of most of them in small quiet towns is well calculated to favour studious habits.

The relations between professors and students are much more intimate than in France and Italy, and the abstract love of science is stronger than in those countries. This devotion to science, and seclusion from general society, occasionally gives rise, how-

ever, to a degree of pedantry and confined views, even in men of extensive acquirements, and nowhere are there so many poor *savans* as in Germany.

In most universities the instructing body forms a part of the state. The chief has the title of Rector Magnificus, a dignity sometimes retained by the prince himself. As the rector cannot always personally superintend the affairs, most universities have a pro-rector chosen annually from among the professors. After the pro-rector come the deans of the faculties, also chosen from the professors; and, lastly, the professors, who are divided into three kinds, ordinary, extraordinary, and private professors.

The usual manner of becoming attached to an university is to begin by filling the office of private professor, who is not a public functionary, but who has the right of giving lectures, and if he distinguish himself, is appointed an extraordinary professor when a vacancy occurs: he is then a servant of the state, and receives emolument. The highest degree is that of ordinary professor, who has a higher salary and peculiar privileges. It results from this arrangement that the number of professors is very great; the different branches of science being frequently taught by two or three at the same time. It is customary in most universities for students to pay for attendance on the courses of lectures. Those of the Austrian states form, however, an exception. Professors are indeed obliged to give a public course every six months: this, however, treats only of secondary objects: the more important courses are never gratuitous.

The students, notwithstanding the roughness of manners which prevails in some universities, are for the most part attentive, persevering, regular in attendance, and decorous in their behaviour in the lecture-room. Of late years, drinking, quarrelling, and taking part in political disturbances, occur

much less frequently among them. Some farther remarks on the universities will be found under the head of Gottingen.

The practice of medicine in Germany is not in general based upon exclusive theories, but is regulated by the observation of symptoms in individual cases, and approaches nearer to the English than to the French method. The abstraction of blood, both by venesection and leeches, is less frequently had recourse to than in France and England, but active internal medicines are pretty generally employed : baths and enemata are also much used, while tisanes, infusions of simple herbs and demulcent potions, are not usually given, except as vehicles for the exhibition of more energetic medicaments.

Auscultation and percussion do not find many adopters in Germany, and lithotrity is not often performed. Stone, however, is not very common in most parts of Germany. Medicines are not in general given in surgical diseases with a view to their constitutional operation, and, with the exception perhaps of Berlin, the management of surgical cases is inferior to that of England and France. As, however, the practice varies considerably in different parts, it will be best illustrated by reference to individual hospitals.

There likewise exists in Germany an inferior grade of practitioners for country localities who have not graduated—(*Land-artze*,) and who are analogous to the French *officiers de santé*, or the Italian *chirurghi*.



## BERLIN.

THIS metropolis possesses numerous charitable institutions; some supported by government, others by voluntary contributions of the inhabitants: eight military hospitals; a large general hospital; a small clinical hospital; and one for persons of the Jewish religion.

The university holds the highest rank as a school of medicine. The building, one of the handsomest structures of the city, is three stories high, consisting of a central portion and two wings, which form three sides of a quadrangle, inclosing a spacious area, separated from the street by a railing. Several lecture rooms occupy the ground floor: they are spacious, but without ornament; the lecturer's place being distinguished only by a small pulpit raised above the students' benches. On the first floor are the grand saloon, apartments for transacting business, an anatomical theatre, and a cabinet of instruments. The whole of the second floor is taken up by the extensive zoological museum, to which the public is admitted on stated days, and students daily. The whole arrangement is admirable, and the ornithological department is particularly rich. The museum of human and comparative anatomy is in the left wing, and is one of the first in Germany, being arranged according to anatomical divisions, viz. osteology, myology, splanchnology, &c. The collection of skeletons and skulls of individuals from different parts of the globe, illustrative of the varieties of the human race; the osteological collection of the different classes of animals; the preparations of the nerves, the minutely injected vascular preparations of Walther, especially those illustrating the forma-

tion of bone, and a head which took the dissector three years to prepare, will particularly attract attention. Here are also the wax casts of Reil, exposing the minute anatomy of the nervous system. The pathological museum is likewise extensive, containing upwards of three thousand valuable preparations. The collections of monstrosities, and of the morbid anatomy of the osseous, visceral, and nervous systems, are particularly rich. The variety of herniæ and of tumours will arrest the attention of the surgical observer. The wax models representing different kinds of diseased structure are exceedingly well executed. The skeleton of a man who was bed-ridden during twenty-six years, with ankylosis of most of his joints, and who died at the age of fifty, occupies a prominent position; the shaft of the thigh bones is no thicker than an ordinary-sized radius. Here is likewise a specimen of hydrocephalus; the skull of enormous size; notwithstanding which the subject attained the age of thirty-two years. These museums have been greatly enriched by the labours and exertions of the distinguished professor of physiology, Müller, who is the superintendent. The building likewise contains a prison for students.

The number of students in the four faculties averages sixteen hundred, of which about one-fourth are not Prussian. Between three and four hundred attend the medical classes in the following order:—first year, anatomy, physiology, botany, chemistry; second year, materia medica, therapeutics, general and special pathology; third and fourth year, the medical, surgical, obstetric, and ophthalmic cliniques. Each course of lectures costs the student from two to three louis: the fees of examination amount to about twenty-five louis, and the whole expense of professional education to about one hundred and fifty. Candidates have to undergo four examinations: the first is for promotion; the second, termed the *tentamen*, is made by the dean, and takes place

before the period of study is terminated; the third, or *rigorosum*, is made before the professors of the faculty, when each professor examines on his particular branch of education. Three or four students are examined at a time, and the examination generally lasts upwards of three hours. Candidates have also to write and defend a thesis in Latin.

After passing these ordeals, the candidate acquires the title of doctor, which, however, does not authorise him to practise before undergoing the last examination. The title of doctor may be obtained at any of the Prussian universities; but all candidates are obliged to repair to Berlin for the public examination, which is divided into several parts, and lasts several days. In the anatomical examination, the candidate takes from a vase the name of one of the bones, of which he is required to give a description without hesitation. In like manner, the name of a viscus is drawn by lot, and described: a part of the body, to be dissected and demonstrated, is also indicated in the same manner. An anatomical description of the contents of the cranium, thorax, or abdomen, with the relative position of the viscera, is likewise required. In the surgical examination, the candidate has to make a dissertation on a subject chosen by the professor: he has also to perform operations publicly on the dead body, and describe the different steps of the operation; also to give a demonstration on the skeleton, of the method of treating fractures and luxations: he has the treatment of two patients in the hospital for a fortnight, and takes daily notes of the cases, which are read at the examination. Candidates for the medical diploma have, in like manner, the care of two hospital patients.

The hospital *La Charité* is a building three stories high, for the reception of patients with acute and chronic diseases. It is situate in a healthy locality, in the outskirts of the town, and has from seven to



eight hundred beds. Two or three of the wards are large, but the majority contain from twelve to sixteen beds; they are airy and clean. The theatre for operations and clinical lectures is large, commodious, and well lighted; being on the same level as the surgical wards, so that the bed of a patient who has to undergo an operation can be wheeled in. Besides the professors of clinique, the professional duties are performed by six house physicians or surgeons, who have the title of *Stabsarzt*, and who receive a trifling salary. They remain two, three, or more years in this situation, until they are transferred to the army as regimental surgeons, as vacancies occur. Each has a special department to superintend; after a year or more, the one who had charge of the medical wards, changes to the surgical, and vice versa. Visits are made from eight to eleven daily. Clinical discourses and the examination of pupils take place at the bedside of patients, during the attendance of the professors. The administration of the institution is conducted by a committee, composed of members of the government and of the town-council. The immediate superintendence of the establishment is vested in a director, Dr. Kluge.

The professors of clinical medicine are Schönlein and Wolff. Jüngken, who was formerly professor of ophthalmology, has now likewise undertaken the surgical department, Dieffenbach having been removed to the clinical hospital, in the place of Graefe. Schönlein enjoys the highest reputation throughout Germany; his lectures are held in general estimation, and are always numerously attended.

The rooms for diseases of the eyes contain eighteen beds: there is also a numerous attendance of out-patients, when Professor Jüngken delivers clinical discourses. The treatment is mostly antiphlogistic and revulsive; internal medicines being given where the general health appears in fault, and stimulating applications being but sparingly used. The repeated

application of leeches, calomel, jalap, and other aperients, are employed in conjunctivitis, keratitis, and strumous ophthalmia. Where much photophobia exists, belladonna and stramonium are given internally. In operating for cataract, the professor gives the preference to depression, but extracts in some cases. During one of my visits, one patient was operated by extraction, another by reclinatio, in consequence of the co-existence of abdominal disease.

Among the patients was also an old man, with chronic entropion: by touching the central point of skin beneath the lower eyelids, with concentrated sulphuric acid, for three or four minutes, an almost instantaneous rectification of the position of the previously inverted lids was produced. In these cases, after the separation of the slough, the skin becomes contracted, while cicatrization takes place, and the benefit is permanent.

The obstetric department, consisting of sixty beds at the top of the house, is about to be transferred to the new Charité (of which I have presently to make mention). Women in the seventh or eighth month of pregnancy are admitted unquestioned, and are allowed to remain three weeks after delivery. There is also a ward for sick children. Gastric irritation and diarrhoea are the diseases most frequently requiring treatment. The principal remedies are calomel in doses of half a grain to a grain, rhubarb, and emollient potions.

Each professor of medicine has a male and female clinical ward. Those of Professor Schönlein contain each fifteen beds. The most usual treatment of typhoid fever is by the general or local abstraction of blood whenever particular organs are congested or inflamed: in the early stage of the disease, calomel, in doses from three to five grains, with demulcent drinks; at a later period, the muriate of ammonia, or tartarized antimony, in small doses; tonics being given in those cases where there is much prostration,

or failure of the powers. Rheumatism is in acute cases found to be very generally complicated with disease of the heart or pericardium, and is treated by venesection, cupping, and tartarized antimony, (one to four grain doses,) and when there is inordinate action of the heart, infusion of digitalis; opiates do not appear to be much employed. In gastric fever, leeches or cupping, small doses of calomel, and potions with gum-arabic, are the most frequent remedies. Painters' colic is treated by purgatives and oleaginous mixtures, with cataplasms or mercurial friction to the abdomen.

The most prevalent diseases at Berlin are, in spring and autumn, intermittents, catarrhal affections, and rheumatism; in summer, typhus fever, gastric and intestinal irritation; and in winter, thoracic and tracheal inflammation. Scrofula, and nervous diseases, especially delirium tremens, are exceedingly common.

The following is a brief sketch of the method of treatment most frequently adopted by the Berlin physicians.—In pulmonic and bronchial inflammation, moderate bleeding, diaphoretics, especially antimony, solution of nitrate of potass, in decoction of marsh mallows, or other demulcent mixture; in the less severe cases, blisters, diaphoretics, and expectorants, are the remedies mostly resorted to: the hydrochlorate of ammonia is much used, especially in the more chronic cases and in catarrhal affections, as are antimonials, squills, and other stimulating expectorants. Inunction of mercurial ointment on the thorax is also adopted in some cases of pneumonia.

In abdominal inflammation, after bleeding and leeches, mild purgatives, as calomel and castor oil, are generally employed: drastics are seldom given except in ophthalmic cases: lavements and baths are not so freely used in acute disease as in France. Venesection is not often practised in typhoid fevers,



which are generally treated by leeches applied wherever pain is complained of, by mild diaphoretics, calomel in large doses, castor oil, and mixtures containing muriatic acid: in the advanced periods of the disease, musk, camphor, carbonate of ammonia, blisters, and sinapisms, are the remedies most in request; bark is not frequently given. In gastric disorder, emetics, laxatives, the hydrochlorate of ammonia, are frequently given: calomel, and small doses of neutral salts, are also prescribed when hepatic derangement co-exists. Acute rheumatism is treated by venesection, emetics, laxatives, diaphoretics, and colchicum; blisters are frequently applied to the affected parts, which are at other times enveloped in tow, to preserve an uniform degree of warmth and moisture. Intermittents are generally treated by emetics or purgatives, with hydrochlorate of ammonia and cinchona.

In scrofulous cases, iodine is more used than formerly: tonics, barytès, salt baths, and malt baths, are also very generally employed. In nervous affections, emetics, purgatives, antispasmodics, and the shower bath, are mostly used. Delirium tremens is treated by bleeding and purgatives, or by opium and stimulants, according to circumstances. Inflammatory attacks, in weak persons, are treated by local abstraction of blood, blisters, calomel in small doses, digitalis, &c.

During the periods of my attendance on the surgical practice there were few cases of interest, the majority consisting of chronic ulcers, scrofulous affections, &c. In these cases, which depend upon general derangement of the system, medicines, as iodine, sarsaparilla, and tonics, are given, though in the majority of surgical diseases, the treatment is local, internal remedies being seldom resorted to. Fractures of the leg are treated in suspended boxes, without the employment of lateral splints. In some cases, especially compound fractures, the leg is placed

in a box filled with sand, over which an oilcloth is laid; the interstices being filled up so as to give equal support without making pressure. An advantage of this method is the coolness of the sand, and the absence of pressure by splints, &c. When the wound is healed, and swelling subsided, the limb is done up in starched bandages and pasteboard splints. In cases where there is much suppuration, a cloth dipped in a solution of nitrate of silver (five grains to the ounce of water) is applied over the limb: this is found to have a good effect in restricting the formation of matter. In fractures of the thigh, the apparatus of Hagedorn is used, being applied to the sound limb, which is thus made to serve as a splint to the fractured one. I measured the thighs of a patient cured by this method, but the fractured limb was considerably shorter than its fellow. I was assured, however, that this is not in general the case, the patient having, in this instance, walked upon the limb before consolidation was firmly effected. In cases of strangulated hernia, the operation is in general speedily performed, no time being lost in attempts at reduction and other measures. After these operations, bleeding, laxatives, cooling beverages, &c., are employed according to circumstances.

Among the patients was a man, in whom the anus had been extirpated, in consequence of carcinomatous disease, which appeared to have been effectually removed, but the patient was unable to retain the fœces. Another patient had an attack of phlegmonous erysipelas, with suppuration in the leg and thigh, from an incised wound of the knee. The treatment was, in the first instance, venesection, the repeated application of leeches on the limb, nitrated potions, with an occasional purgative; and, subsequently, by incisions, to allow the escape of matter, and prevent destruction of the skin; tepid saturnine fomentations being applied to the limb: tonics were not given, as the skin continued hot, and the pulse

was not particularly feeble. I did not see the termination of this case. There were also in the house a case of hydrocele, that had been treated by incision—this method being always preferred to injection: a patient with fracture of the ribs, treated by the application of a bladder of ice to the part; bandaging the thorax is not employed. This patient had been bled two or three times; but I was informed that bleeding is not in general requisite in similar cases, as the ice is sufficient to prevent the occurrence of severe inflammation. At my last visit there was a bad case of sloughing of the cellular texture of the arm: free incisions had been made, and the parts dressed with a solution of camphor and turpentine, till the separation of the sloughs; after which, simple dressings. The patient had had broth and egg diet, wine and water; and, as a medicine, quinine. As his pulse became firmer, these were suspended, and there seemed great likelihood of his recovery. Operations for stone do not often occur. Lithotrity is performed in some cases. The operation for stammering is no longer in fashion. That for squinting is occasionally performed.

The new *Charité*, containing four hundred beds, is close to the former. It was built for the reception of insane patients; those with syphilitic affections, and with chronic cutaneous diseases, who formerly encumbered the old hospital. At the top of the house there are also wards for sick prisoners. The number of insane is one hundred and thirty. This department is under the superintendence of Professor Ideler, the author of several works relating to mental disorders, and who is now publishing a large work, with plates, the “*Biographie des Geisteskranken*.” The violent patients are lodged in wards separate from the rest; the furious ones are either confined to their bed, in the recumbent position, by straps, or are attached to it by the leg, and may thus walk a few paces. There is like-



wise a chair of repression. In cases of mania, the more frequent remedies are the tepid bath, cold douche to the head, aperients, as rhubarb, calomel, or senna, which last are also employed in melancholia, the patients being always worse when the bowels are in a confined state. Tartarised antimony, (a grain every hour,) by which nausea and vomiting are kept up, is likewise a very common remedy: opiates have not in general been found beneficial. In intractable cases, after the failure of other means, Professor Ideler has derived much advantage from the application of the actual cautery to the nape; in less severe cases, the irritation kept up by tartar emetic ointment has been a very efficient substitute.

Among the patients was a man who believed all the world to be in a conspiracy against him, and who was cured by the supervention of an attack of dysentery. Professor Ideler had met with several analogous instances of insanity being cured by the supervention of bodily disease. No special pathological appearances are found in those who die, but what might equally have occurred, without the existence of insanity. Paralysis is but rarely seen among the inmates.

Some of the men are occupied in works about the house, or in gardening; the women in knitting or sewing. The professor visits the violent patients daily; the others, male and female, on alternate days, when they are assembled in a large room in a row; he addresses himself to each with reference to their condition, for a longer or shorter period; by which means he succeeds, in many instances, in eradicating the erroneous ideas, and in improving the character of those addicted to violence; considering that where this can be effected, it goes far to prevent a relapse. Mental alienation is not very common among the higher classes in Prussia, who are less disturbed than several other

civilised nations by political changes, the struggles of party, or the anxiety attendant upon commercial enterprises; and whose mode of education leads them better to regulate their passions and expectations.

The syphilitic department can receive two hundred patients, though there were not more than one hundred at the period of my last visit. When admitted, they do not leave the wards till their dismissal, nor are they allowed to see any of their friends. The treatment consists principally in strict abstinence (Hunger-Kur.) The diet is divided into quarter, half, three-quarter, and entire portions. The quarter portion, upon which a large proportion are placed, consists of one small roll a day, with a plate of sago, or other farinaceous pottage, in the morning, and another in the evening; the half-portion is two rolls, with soup, and three ounces of meat; the entire portion is six ounces of meat. Mercury is never given under any form. Severe secondary symptoms are very rarely seen. When they do occur, it is generally in patients who have been treated in the town before being sent to the hospital. Primary as well as secondary ulcers are touched with the lunar caustic; when suppuration is formed, or is likely to form, in the glands of the groin, the surface of the skin over the bubo is destroyed by caustic potass, with the view of limiting the suppuration to the superficial parts, and thus preventing deep sinuses. The principal remedies are chamomile and sarsaparilla decoction; and in some of the secondary forms, a solution of hydriodate of potass, (ʒii. to ʒvi. water,) a table spoonful two or three times a day. The average time of treatment is from three to four weeks.

Warts are excised with scissors, and the surface cauterised. In cases of large condylomata, a lotion is applied every second or third day, consisting of ʒi. hydr. oxymur., ʒss. camphor, to ʒi spirit. vini.

In some cases the patients drink their morning dose of sarsaparilla decoction warm, and are afterwards wrapped in a blanket, to induce perspiration. Women are examined three times a week with the speculum; the usual application to ulcerations of the os tinæ are Goulard water, a solution of nitrate of silver, (five grains to the ounce,) or the nitrate in substance: in leucorrhœa, injections of cold or Goulard water, or decoction of oak bark, are used. Gonorrhœa is treated by purgatives of sulphate of magnesia in fennel water every other day. Attention is paid to the elevated position of the penis and testicles, each patient being supplied with a small cushion for this purpose. In the more chronic form, copaiba injections of Goulard water, or a weak solution of nitrate of silver, are sometimes employed. Although no mercury is given, yet the application of mercurial ointment is made use of, with a view of diminishing inflammatory action, as of the prepuce in phymosis. It is also rubbed on sympathetic bubo. Orchitis is treated by emetics, aperients, and when the inflammatory action has subsided, by compression with strips of plaster. All the patients bathe once in ten days, some twice a week.

Public women pay a tax, and are visited and examined twice a week by practitioners appointed in each district of the city.

The department for psora, tinea capitis, &c., contains about forty beds. In the former complaint, patients are confined to bed for three days and four nights in a sweating ward, which is kept constantly at a temperature of twenty-eight degrees, (Reaumur,) by means of steam beneath the floor. They likewise use inunction with sulphur ointment. After a cataplasm to the head of those affected with tinea, soft black soap is applied.

The clinical hospital for surgery and diseases of the eyes is a neat building, containing forty beds,



and a small theatre for lectures and operations. The surgeon is Professor Dieffenbach: two assistants reside in the house, and see out-patients daily. At the time of my visit few patients were in the house, as it was the vacation. Among them was one who had been operated upon for femoral hernia: bleeding, the warm bath, and the taxis, had been previously employed. After the operation the patient was bled, took some castor-oil, and was going on favourably. I was formerly present at the first public operation of lithotrity by Graefe in this hospital; some difficulty was experienced in seizing the stone, which being of a friable nature, was easily broken.

Not much medicine is given in the treatment of diseases of the eyes; the abstraction of blood, counter-irritation, occasional purgation, and emollient or stimulating collyria, are the remedies mostly employed. An ointment, or strong solution of nitrate of silver, in the proportion recommended by Mr. Guthrie, was much used at this hospital in conjunctival inflammation in the time of Graefe.

According to the published statement, in the year 1833, one thousand and forty six patients, with surgical disease, were treated. Of these, eight hundred and thirty-one were cured, twenty died. Of four hundred and seventy-eight patients, with diseases of the eyes, three hundred and eighty-six were cured. The number of operations, including cauterization, vaccination, and other minor operations, was three hundred and seventy-five; the cures, one hundred and eighty-four. The number of deaths is not given.

Professor Dieffenbach had acquired a high reputation as an operative surgeon, especially in remedying deformities of the face, and other parts, so early as 1829, when he published the first volume of his "*Expériences Chirurgicales*," which, containing many original views, attracted considerable atten-

tion, especially in Paris ; so much so, that Dupuytren termed it, in his report to the Institute, the most remarkable work of the day ; and many patients from Turkey, and other distant parts, who required rhino-plastic operations, resorted to Berlin to place themselves under his care. But Dieffenbach has distinguished himself no less in other branches of operative surgery, by the novelty, boldness, and dexterity of his operations, of which I need only allude to the subcutaneous sections for club-foot, contracted joints, (several of many years' duration,) the reduction of old dislocations, and the operation for squinting and stammering, of which the reports have from time to time appeared in the medical periodicals. I therefore think it unnecessary to enter in this place into a description of his methods and plans of treatment, but would refer those desirous of detailed information on the subject to the work published by M. Phillips,\* or to his lectures, which now appear at Berlin.

Berlin possesses likewise a royal institution, (the Friedric-Wilhelms Institut,) where pupils, unable to bear the expense of the university education, are gratuitously supported and instructed in the medical sciences, to qualify them for army-surgeons.

#### HALLE

Is a quiet town, with a population of thirty thousand. Its university was one of the earliest established in Germany, and experienced great vicissitudes during the late war, having been at one time suppressed altogether. When Halle was restored to Prussia, the university was reorganized and incorporated with that of Wittenberg. It now enjoys a tolerable share of prosperity, owing in part to the reputation of the late Professor Meckel, who filled the anatomical chair, as did his father and grand-

\* La Chirurgie de M. Dieffenbach.

father before him. The number of students is six hundred: one hundred and fifty study the medical sciences. The old building has been destroyed, and a handsome structure, of a quadrangular form, has recently been erected, containing spacious lecture-rooms for the different faculties. The course of study is similar to that pursued at Berlin: the expense is, however, less, and there are many indigent students, especially in the theological faculty, who are supported by government. The chair of anatomy is now occupied by Professor D'Alton; that of special therapeutics by Krukenberg, who enjoys a high reputation. Blasius is professor of surgery.

Halle possesses one of the richest and most important anatomical cabinets in Germany, due almost entirely to the exertions of the Meckels. It is divided into three sections,—human, comparative, and pathological anatomy, each containing curious and rare specimens. I regretted that it was closed at the period of my visit.

Connected with the university, are an extensive library, a museum of natural history, and a good botanical garden. A new clinical hospital has been erected, and several of the sick poor are visited at their own habitations.

#### BONN.

Since the Rhenish provinces were ceded to Prussia, an university has been formed at Bonn, of which that at Berlin served for the model. Liberal donations, both of money and objects of natural history, were made; a museum and botanical garden formed; and this university now enjoys a high reputation, the number of students being eight hundred, of which one hundred and fifty follow the medical courses.

The palace is appropriated to the purposes of the university, being disposed in lecture-rooms and cli-



nical wards, where sixty beds are occupied,—thirty with medical, and thirty with surgical cases. At the period of my visit, being the vacation, but few patients remained. Among them was a man who had undergone the operation of paracentesis thoracis, from which he had derived great benefit. In some cases of lupus of the nose, Professor Wutzer had, after excising the diseased parts, formed a new nose by the rhino-plastic operation. The anatomical theatre stands in the garden, and contains a neat amphitheatre, dissecting-rooms, and a small but well-arranged collection of pathological anatomy.

At Poppelsdorf, about half a mile from Bonn, and connected with it by a public promenade, is the fine botanical garden, as also the extensive and well-arranged museum of zoology and mineralogy, occupying the apartments of the château. The library, the cabinet of instruments, and the chemical laboratory, are very complete and well organized. The professors in the medical faculty enjoy a high reputation; the following are their names:—Harless, general pathology and therapeutics; J. Weber, anatomy; Mayer, physiology and comparative anatomy; Nasse, special therapeutics and clinical medicine; Naumann, special pathology and therapeutics; Wutzer, general and clinical surgery; Kilian, obstetricity; Bischoff, chemistry and pharmacology; Albert, extraordinary professor of special pathology and therapeutics, and pathological anatomy.

A few miles from Bonn is a large and celebrated establishment for the treatment of mental alienation. The building, formerly a convent, forms a quadrangle, in the centre of which is a church, and is situate on a hill, overlooking the small town of Siegberg, and commanding an extensive prospect over the surrounding country. The sleeping apartments are on either side of long corridors: some of them are partitioned by wooden railings into three

or four divisions, each of which contains two beds, one for the patients, the other for the keeper. Those patients who are violent, are not, as at Sonnenstein, allowed to go out, but kept, either in the strait waistcoat, or in the chair of confinement in isolated cells. The rest are occupied in walking about the spacious grounds, in digging and gardening. There is a conversation-room, with piano, draught-boards, and other resources, where patients assemble in bad weather. The whole number of patients was, at the time of my visit, one hundred and eighty; the men in greater proportion. Sixty patients paid each from four to six hundred dollars per annum, for which they have separate apartments, and food of a superior quality. The generality of patients are not subjected to any medical treatment: sanguineous depletion, counter-irritation, purgatives, and morphine, appear to be the remedies most used when medical means are required. The number of admissions averages from thirty to forty annually: the proportion of cures is said to be one-third. Dr. Jacobi, the superintending physician, resides in an adjoining house: he enjoys a high reputation for the treatment of mental disorders. His work has been translated into English, with an introduction by Samuel Tuke, of the Retreat Asylum, near York.\*

\* "On the Construction and Management of Hospitals for the Insane."

## GOTTINGEN

Is a small town belonging to Hanover, with a population of twelve thousand inhabitants. The university holds the highest rank as a school of medicine, owing to the high reputation and zeal of its professors; and until the formation of the university of Berlin, that of Gottingen was considered the most flourishing in Germany. It was founded in 1734, by George II., who assumed the title of Rector Magnificus, which has been retained by his successors. The immediate superintendence of the university is, however, vested in a pro-rector, who is elected every six months from among the professors, and who is at the head of a court, consisting of two judges, a secretary, and a recorder. The administration, and the right of framing or altering the laws and regulations, belong to two curators, one or two privy-counsellors and state secretaries, who reside at Hanover. Here, as at the other German universities, there are two kinds of professorships, viz. ordinary and extraordinary; the former are endowed by the state, which increases the salaries from one hundred to two hundred, or sometimes three hundred pounds, but rarely to a greater amount, according to the celebrity of the teachers. The extraordinary professors have no salary, being chiefly dependent upon their exertions as teachers. There are also several private teachers, and from these the selection for the professorships is usually made. Most of the ancient German universities have been reformed after the model of Gottingen.

The usual age at which students commence their studies at an university, is eighteen or twenty; their admissibility is determined by tests of proficiency at



public examinations in the classics, mathematics, original composition, Latin, as well as German; history, ancient and modern. Foreigners are exempt from these regulations, and may be admitted on producing certificates from the college or institutions where they were educated. The matriculation fee is a louis d'or, for which they have free access to the public library, and may attend any lectures, or follow any course of study they prefer. There is no compulsory attendance on prayers, or certain classes, or residence in colleges, or wearing a particular costume. The lectures are public and gratuitous, and private, for which fees are paid. A course of lectures lasts nearly five months, and there are two *semestres* in the academic year. The fee for a course of lectures (a lecture being delivered daily, or three times a week) is a louis d'or; for anatomy and demonstrations, including conveniences for dissecting, two louis. The public or gratuitous lectures are delivered only once or twice a week, and most of the professors have private lecture-rooms. Previous to 1831, the number of students amounted to upwards of fifteen hundred, but the revolutionary movements at that period caused a sudden falling off to eight hundred. The actual number is near nine hundred. After the degree of M.D. is obtained, an examination must be undergone before a committee of Hanover, before a licence to practice is obtained. The candidate must also engage in a public disputation against opponents, whom he chooses from among the students and doctors of the university, the dean presiding.

The *Senatus Academicus* is composed of ten ordinary professors, elected for an indifferent period, from the four faculties. Four of these (one from each faculty) form a committee of the university court on extraordinary occasions.

The courses of medical studies extend to four years. The first course relates to the general out-

line, and the literature of all the branches of medicine; the second, a double course of anatomy; third, comparative anatomy; fourth, physiology; fifth, pathology, general and special; sixth, materia medica; seventh, therapeutics; eighth, diseases of women and children; ninth, pharmacology; tenth, botany and chemistry; eleventh, obstetricity; twelfth, forensic medicine and surgery.\*

Professor Langenbeck, who is no less distinguished for the indefatigable zeal with which he still promotes the study of anatomy, than for his surgical skill and operative dexterity, occupies the chair of anatomy, surgery, and ophthalmology. His clinique is considered as one of the best extant as a practical school for young surgeons. Near his house, and at the end of one of the principal streets, is the anatomical theatre, a handsome building, surrounded by a meadow, with a rotunda, supported by doric pillars. In the centre is the lecture-room, capable of containing three hundred students, and on either side spacious apartments; those on the right being used for dissection and the preparing of parts; those on the left containing the fine collection of anatomical preparations, which are entirely owing to the assiduity of Professor Langenbeck, assisted by his son. He has lately published a superb series of anatomical plates.

The chair of physiology, which was for so long a period filled by Blumenbach, is now occupied by Wagner, who, though still a young man, holds the first rank as a physiologist, and whose reputation bids fair to equal that of his predecessor. His manual of physiology presents, perhaps, the most complete summary of the science; and Dr. Willis, by his excellent translation, has enabled British practitioners and students to make themselves acquainted with and duly appreciate it. A new build-

\* Most of the preceding notes are from a pamphlet by an English gentleman, kindly lent me by Professor Marx.

ing, for the purposes of experimental physiology, (the only one of the kind extant,) is now nearly completed.

Professor Marx, who enjoys a high reputation throughout Germany, both on account of the great erudition displayed in the several valuable works which he has published on pathology, toxicology, &c., and as a teacher, occupies the chair of special pathology and therapeutics. He lately made a journey to England, and has published his remarks both upon general and professional subjects, in a volume\* from which I have quoted, with reference to the comparative state of medicine in Germany and England. Respecting the more stimulating diet of patients in the London hospitals, Professor Marx observes, "The habit of spirituous drinks and stimulating food must have taken deep root in the lower classes, as in the London ophthalmic hospital not only is venesection not practised after the extraction of cataract, but even beer and wine is allowed." These, however, must be considered as exceptional instances; for unless contra-indicated by a state of general debility, the employment of antiphlogistic measures after this operation is perhaps more in use in England than elsewhere.

Conradi, professor of clinical medicine, is likewise held in high estimation among the profession. His works on general and special pathology and therapeutics, on pathological anatomy, &c., have greatly contributed towards the progress of medicine in Germany; and his clinical remarks are eagerly noted by the students. The clinical wards adjoining his house are low rooms, each containing six or eight beds. There were, however, very few patients at the period of my visit, being vacation-time. Among them was a young female, who had been successfully treated for ascites by purgatives, and frictions over the abdomen with iodine ointment;

\* Erinnerung aus England. Brunswick, 1842.



a case of diabetes; and one of herpes, which was treated by the internal and external use of tar.

The surgical clinique adjoins Langenbeck's house, and contains about forty beds, which are mostly occupied by important cases, (several for operation,) which have been sent from a distance to be placed under the care of this distinguished surgeon. The annual number of patients received amounts to about three hundred and fifty.

The Lying-in-hospital is a neat building, in a garden, at the outskirts of the town, containing thirty beds; a rich collection of preparations, formerly belonging to the professor of midwifery, (Osiander,) but lately purchased by the government; and a smaller collection of Professor Siebold, who resides in the house, and delivers lectures. Accouchements (which are witnessed by the students) take place on a reclining chair, adapted to this purpose. The number of births averages from one hundred to one hundred and thirty annually.

Professors Himly and Fuchs have also long enjoyed a distinguished reputation as members of the Medical Faculty of Gottingen.

The façade of the university takes up one side of a square, in the centre of which is a statue of George IV. The public hall and examination room are well proportioned, and beautifully ornamented with stucco-work. The latter contains portraits of William IV. and Munchausen, the prime minister of George II., who was mainly instrumental in founding and organising the university. The Royal Society likewise holds its sittings within the building.

The Gottingen literary review, "*Gelehrte Anzeige*," is the oldest German periodical, having outlived the various political changes by which the country has been disturbed. It is distinguished for the impartiality of its critiques.

Among the other scientific establishments is the library, which in size and with respect to its organiza-

tion is one of the first in Europe, and superior to most in modern literature. It is especially rich in the reports of learned bodies, and contains more than three hundred thousand volumes, and five thousand manuscripts. The locale is handsome; the chief apartment contains busts of Haller, Heyne, Blumenbach, and other celebrated men. In the reading-room are received the principal German and French scientific and medical journals; the Quarterly and Edinburgh Reviews; the Medico-Chirurgical, Edinburgh Medical, and the British and Foreign Medical Reviews. The library is open daily, and books are allowed to be taken out.

Adjoining the library is the museum, which was greatly enriched by the exertions of Blumenbach. The departments of natural history, human crania, and fossil remains, contain many valuable specimens. The collection of crania has long been celebrated. Two rooms are appropriated to ethnography, or the study of the customs and modes of life of the various families of the human race.

The observatory is celebrated; and the botanical garden, occupying a great extent of the circuit outside the ramparts, is perhaps the best in Germany.

## DRESDEN.

THERE is no good hospital at Dresden. The *Stadt Kranken Haus*, or Infirmary, is a low antiquated building in one of the suburbs, having more the appearance of a farmhouse than of an hospital. It contains one hundred and fifty patients, though as many as one hundred and eighty could be accommodated. The rooms are placed on either side long and badly ventilated corridors; they are clean, but small, few containing more than eight beds. There are baths in the house, but they are not in good order, and the locale is dirty. Attached to the hospital is a large piece of ground for the use of patients able to take out-door exercise. A physician and a surgeon visit daily in the forenoon; an assistant physician and an apothecary reside in the house.

The cases are mostly chronic, as scrofula, which is very prevalent in Dresden; jaundice, rheumatism, dropsy, chlorosis, &c. Most poor patients, with acute disease, are either visited at their own habitations or are sent to the clinical wards in another establishment. In the treatment even of an acute disease, bloodletting is not very freely employed; emetics, purgatives, and counter-irritants being often made to supersede it. In many cases where no active inflammation exists, stimulants, as the preparations of ammonia, are freely exhibited.

The surgical department also presented no cases of interest, except one of erysipelas, with extensive sloughing of the skin and cellular texture of the inferior extremities. This had in the first instance been treated antiphlogistically, by the repeated application of leeches; but recourse was had subsequently to tonics and nourishing diet, under which the patient



appeared to be improving. Mercury is the remedy almost universally employed in the syphilitic wards, mercurial, and slightly stimulating applications, being made to ulcers; secondary symptoms appear to be very frequent and intractable.

There is, however, an establishment for medical instruction, termed the Medico-Chirurgical Academy, which contains a theatre for lectures, dissecting-rooms, and a good pathological museum in the chief apartment on the first floor of the building, which was formerly one of the largest palaces of the town. The presence of the anatomical and pathological preparations does not harmonise well with the appearance of this handsome saloon, which doubtless was in other days the scene of frequent mirth and revelling, and the walls of which still retain the full-length portraits of the former proprietors or their ancestors. There are in the building clinical wards, containing about sixty beds, where the most interesting cases are received. Patients are admitted by tickets obtained from the district authorities, upon their producing proper certificates. Accidents and urgent cases are, however, immediately admitted. One physician and one surgeon attend daily. Simple dressings are mostly made to wounds, and to ulcers not depending on constitutional affection: stimulants, especially pyroligneous acid, are generally applied to chronic ulcers of a constitutional origin. The day preceding my visit, the operation for strangulated inguinal hernia had been performed. The symptoms had been previously very urgent; bleeding, the warm bath, lavements, and the taxis, were employed. Leeches were applied to the abdomen after the operation. Some calomel was given, which procured alvine evacuations, and the patient was going on very favourably. There were also in the house a case of amputation of the breast, and of hare-lip; the wound having in both instances united by the first intention: a case of fracture of the thigh

near the hip, treated by Dessault's method, with very slight shortening of the limb. In cases, however, where the fracture is about the centre of the bone, the thigh is enclosed in splints reaching only to the knee, the leg being left free. I was assured that no material shortening ensued upon this method. Hydrocele is healed by injections in recent cases, in old cases by incision. Lithotomy by the lateral and sometimes by the pubic operation. In operating for cataract, keratonyxis is sometimes preferred, but the puncture is not made in the centre of the cornea, as in Walther's method.

The number of students, which has gradually increased since the formation of the establishment, is now between two hundred and fifty and three hundred. A course of lectures costs about eight florins: a four years' period of study is required, when, after an examination, a licence to practise as physician or surgeon of the second rank is granted. But in order to obtain the diploma of doctor of medicine or surgery, the courses at the university of Leipsic must be followed. Dr. Seiler, whose name stands high in Germany, both in a scientific and medical point of view, is the director.

Connected with the academy are, a school of midwifery and of the veterinary art; and a polyclinic is organised, patients being visited by competent pupils at their own habitations.

Among the German physicians who enjoy the highest reputation both in their own country and abroad, Dr. Von Ammon, physician to the king, may be mentioned as one of the first, being distinguished no less on account of his valuable and original published works on several points of medicine and surgery, than for the success of his practice; and as an oculist, there is no one who stands higher in the general estimation of the profession in Germany. Dr. Von Ammon is likewise a high authority on mineral waters, and on that account his advice is

sought by numerous patients. His work on Dietetics for Mineral Water-drinkers, ("Brunnendiatetik,") is full of judicious observations, and has already gone through several editions. Dr. Hedenns, also physician to the king, who is likewise a high authority on mineral waters, has perhaps the most extensive practice. Carus, the eminent physician and physiologist, likewise resides at Dresden.

The establishment for the manufacture and drinking of artificial mineral waters, founded by Struve, stands at the outskirts of the town: a large garden is attached, where the patients walk about while drinking the waters. Here, as well as at the larger establishment at Berlin, and the others in different parts of Europe, the Carlsbad waters are most in request, almost all the others being cold, gaseous, chalybeate, or saline waters. Ems, which is likewise a thermal spring, is however a good deal employed.

As regards their internal administration, attentive observation has shown that their effects are very analogous to the natural waters of which they are a close imitation. At the natural springs, however, there is the advantage that the waters can be used as baths, which, as regards many of them, is the most essential part of the treatment; but these are available only during about four months of the year, whereas the artificial waters may be employed at almost any season. When one water is found to disagree, recourse may often be had to another, at these establishments; but if a patient, who has been sent a long distance to a particular spring, finds it unsuited to his case, he will have to retrace his course without advantage, or must repair to some other perhaps equally distant. I have entered at some length into the comparison of the respective advantages of natural and artificial waters in my work on the "Mineral Springs of England."\*

\* In one vol. price 4s. Whittaker and Co.



## SONNENSTEIN.

This is a government establishment for insane patients, consisting of an ancient château, with large grounds, on a hill overlooking the town of Pirna, about four leagues from Dresden, and commanding an extensive prospect over a rich and beautiful country, and of the course of the Elbe, which flows directly beneath. At the time of my visit, the house contained one hundred and twenty men, and eighty women; the men are always in greater proportion. The patients are divided into three classes; those of the first class pay each six hundred dollars per annum; those of the second class pay from sixty upwards, according to circumstances. The third class consists of paupers, who are supported partly by parochial taxes, but chiefly by the government.

Patients of the first class take their meals with the resident physician; each has a separate apartment, which usually consists of a sitting-room and bedroom, with barred windows, and plainly furnished with all requisite articles. The other classes have each a common dining-room, and sleep in rooms containing from six to fourteen beds. All the apartments have barred windows, and are very clean; soiled linen, bedding, &c. being immediately removed. The house also contains workshops of different trades, as carpenters, shoemakers, tailors, where many of the patients are occupied. For the first class there is a saloon of amusement, with books, a piano, draughts, and other games, as also a billiard-room. In fine weather, however, most of the patients are occupied out of doors, in walking about the grounds, cultivating flowers, digging, carrying wood, water, &c. There is also a flower garden in the women's department, which serves to occupy many of the patients; others sew, knit, spin, or wash the house linen.

Patients who are furious are not in general confined to the house, but are allowed to walk about with the rest, their hands being confined. They also wear a cloak, in order that the apparatus for confining the hands should not be observed by others. This method is found to have greater effect in tranquillizing them, than if isolated and forcibly confined to bed. Those of the first class have a keeper to accompany them, and to sleep in their apartment. There is in the house a separate room for furious patients, but it has not been used latterly. Mania is, however, much less frequent than the melancholic variety of alienation; the most common causes being poverty, grief, religious enthusiasm, and domestic troubles—the stronger passions, love, jealousy, ambition, &c. giving rise to the disease much more rarely than in Italy and France.

In the treatment, occupation and moral means are principally trusted to; tranquil patients, who have good bodily health, do not in general take medicine. The medical measures most in use are occasional abstraction of blood, purgatives, revulsives, tepid baths, cold, shower, and douche baths. The cures are on an average as one to three among women, one to four among the men. The lesions discovered after death are various, and are regarded as accidental and of a secondary nature. The bodies are interred in a cemetery prettily laid out with flowers, which grow plentifully among the tombs. There are eighteen keepers and a principal superintendent. A physician resides in the house, but the directing physician lives in Pirna. The female patients are superintended by women. Paralysis supervenes upon alienation much less frequently than in the Parisian establishments.

A path winds through a pretty garden, down the hill to its base, where the house for convalescents is situated. When I visited, there were eighteen or twenty persons; several of the females were seated

in the saloon, sewing, and listening to the sounds of a piano ; the greater number were, however, in the garden or surrounding country.

Sonnenstein has long been celebrated as the best institution of the kind in Germany. The liberty allowed to the patients speaks highly for the system of management ; and in point of locality and interior organization, there appears nothing further to be desired.

#### LEIPSIC.

This city, the second in Saxony, contains a celebrated university and two hospitals.

The university is one of the most flourishing in Germany, having been long celebrated for its theologians, its jurisconsults, and philosophers ; and although the surrounding country has been repeatedly the seat of wars, it has never retrograded, but continues to hold the high rank it acquired during the struggle for the establishment of Lutheranism. As at other universities, there are four faculties— theology, law, medicine, and philosophy. The number of teachers is about eighty, that of the students upwards of a thousand ; of these about two hundred follow the medical classes. Five years' study are required of candidates for the medical diploma, four years for the surgical diploma. The expense of the course of study amounts to about six hundred dollars. Poor students in the different faculties are, however, assisted by the university ; between two and three hundred dine and sup gratuitously, in a building termed the Convictorium. Medical students undergo two examinations ; the first a theoretical examination after the third year ; the second is practical, and is termed *rigorosum* ; the candidate being examined in the medical sciences during four or five hours, by five or six professors.

Some of the professors in the medical faculty have



a very high reputation, especially Weber, who occupies the anatomical chair; Clarus, that of clinical medicine; Radius, of surgery; Braune, general therapeutics; Cerutti, special pathology; Heinroth, psychological medicine.

The building till lately formed part of the Paulinum, an ancient convent, which is now destroyed, and a handsome and commodious structure is erected in its place.

The hospital *St. George*, situate in an open part of the town, close to one of the public promenades, is a large building, containing about five hundred beds. These, however, are not all occupied by the sick, as the institution serves for other purposes; first, as a house of correction for minor offences; secondly, as an asylum for orphans of both sexes, till the age of fourteen; thirdly, as an hospital for the insane, and for chronic and incurable diseases. The number of insane is about forty; each patient has a separate cell, containing no other furniture than a bed. Two or three of the cells have chairs furnished with rings, for fixing the arms and legs, in which the more refractory patients are confined; the usual means of coercion, however, is the strait waistcoat. But little appears to be done in the way of treatment; the disposition of the locale, and the want of exercise ground, prevent the adoption of moral measures, and medicine is not given unless called for by bodily disorder or unusual mental excitement: the remedies consist mostly of revulsives and counter-irritants. A new building is, however, in contemplation, in which the insane, and patients with chronic diseases, will be separated from the other inmates.

The hospital *St. Jacques* is in an isolated and somewhat humid situation, in one of the suburbs. It consists of several portions of building, inclosing a garden, and contains two hundred beds, though in July the number of patients did not exceed one hun-

dred and fifty. Some of these contribute three or four dollars a week to their own support. The medical officers are a physician and a surgeon, who are the professors of clinical medicine and surgery to the university; an assistant physician and an assistant surgeon reside in the house. Most of the patients confined to bed in the medical wards were labouring under intermittent fever, rheumatic affections, and chronic thoracic disease. Intermittents are treated by tartarized antimony at the commencement, and subsequently by quinine; rheumatism is treated by local abstraction of blood, blisters, and diaphoretics; baths not being much used. In pneumonia the treatment by large doses of antimony is preferred to sanguineous depletion, which is only employed when the inflammation rises high; blisters are also used in most cases.

In diseases not attended by fever, purgatives, tonics, and stimulants, are pretty generally employed.

Wards separate from the rest are allotted to patients with psora and syphilitic diseases; the former disease is treated as in some other parts of Germany, by inunction with green soap and afterwards baths. In the latter class of diseases, regimen and simple applications are principally trusted to, when the symptoms are merely local; when, however, secondary symptoms appear, mercurial friction is resorted to. Clinical discourses are held in Latin at the bedside of the patients.

Leipsic having been the residence of Hahnemann, and the head-quarters of homœopathy, a private hospital was established some years ago. Having heard much talk of this, I paid it a visit when formerly passing through Leipsic, and expected to have found at least forty or fifty beds filled with patients, but was rather surprised that the building (a small house in the suburbs) only contained eight, of which but one was occupied, by a phthisical patient, who

had been there several months without any amelioration. There were, however, five other patients able to get about, viz. a case of chronic swelling of the foot; one of delirium tremens, which had also been a long time under treatment by *arnica* and *hyoscyamus*, in doses of the decillionth part of a grain; a young girl with no other complaint than deranged menstruation, who had also been some months in the house; a case of necrosis of the tibia, exclusively treated by the internal exhibition of homœopathic doses; and a woman with a cutaneous disease of syphilitic origin, who had been under treatment for five months, but with no advantage, the remedies being infinitesimal doses of sulphur, carbon, and gold. Two or three out-patients presented themselves during my visit: one was a healthy boy, with *tinea capitis*, for which he had been taking homœopathic globules for four months, the hair having been allowed to grow, and no external application having been used. From the appearance of the patient's head, I should imagine the disease was much in the same state as when he first applied for relief. At my last visit, I heard that matters were going on but indifferently with homœopathy, the hospital, for want of funds, having been turned into a dispensary: an exposé was likewise made about two years ago by a house-physician, who having become convinced, during a residence of some time in the establishment, of the nullity and danger of homœopathy, resigned his appointment, and published an exposition of the system pursued, with an account of the cases, which clearly shows—that the so-called cures were recoveries from ordinary ailments by the efforts of nature, the cases, as in the above instances, being mostly a long time under treatment, whereas by proper medication and attention at the outset, they might in all probability have been cured in a few days; and, on the other hand, that many of the more serious cases got



worse instead of better, for the want of efficient treatment.\* In fact, during the whole progress of homœopathy, it has never been supported by any individual of note in the profession, and has been taken up as a likely means of acquiring wealth, or a livelihood, principally by persons who had never been previously heard of, or who were known as having failed to acquire practice by the ordinary exercise of their profession, by whom every means have been taken to puff it into more general notice, and to keep public attention directed to it; such as repeated histories of so-called cures, the establishment of dispensaries, &c. : nor must it be supposed that homœopathists always adhere to the principles of their doctrines. It has not unfrequently happened that persons who ascribed their recovery to homœopathy, were treated allopathically, without their being aware of it. In fact, one practitioner in Leipsic, a professed homœopathist, candidly acknowledged that he pursued both plans of treatment, and was accustomed to ask his patients by which method they would be treated, as both were equally good. Homœopathy has, however, been of service in England, in somewhat restricting the active medication in chronic disease, which is still too common; and it is true that some persons, in whom the nervous system is highly susceptible, may frequently be affected by very minute portions of active substances, (though not by the ridiculously infinitesimal doses of the homœopathists,) especially of the class of sedatives; and these isolated instances have been eagerly seized as proofs of the agency of homœopathic remedies. Such, however, is the system of routine pursued in England, that little or nothing had been previously heard of homœopathy among the generality of English practitioners, till the account which I published of it and of animal magnetism, as an

\* Ueber die Nichtekeit der Homœopathie. On the Nothingness of Homœopathy. Leipsic, 1840.

Appendix to the first edition of this work, but since published as a separate work.

The majority of medical works which appear in Germany are published at Leipsic during the time of the fairs, and the number of these is astonishing—the general catalogue alone forms a respectable-sized volume. Almost all works of merit in the French and English languages are translated; and the numerous compilations from the opinions of the best authors on different classes of diseases, as the diseases of children, female diseases, diseases of abdomen, &c., affords a means of livelihood to several writers. Hence a knowledge of the progress of science, and of the opinions of particular individuals, is generally diffused throughout the profession in Germany. One of the best and most extensively circulated medical reviews, “Schmidt’s *Jahrbücher der Medecin*,” is published monthly at Leipsic.

## MUNICH.

THE university of Munich, the principal one in Bavaria, has not been established many years, but several of the professors are persons of high reputation and attainments. The number of students formerly amounted to near two thousand, though there are at present not more than half this number, which is principally owing to political circumstances, and to the restriction imposed upon the admission of students from other states. The medical examinations are said to be much less rigid than at most of the other universities, although diplomas are never granted to foreigners without examination, for which a candidate may present himself after three years' study: at the expiration of this period the student undergoes the examination termed *rigorosum*, which consists in written and verbal questions and answers, and the performance of a surgical examination before the examiners. The subjects of this examination are anatomy, pharmacology, general and special therapeutics, surgery, and midwifery. The candidate is also required to write and defend a thesis, and to publish a Latin dissertation; after which, if approved, he receives the diploma of doctor of medicine or surgery; which, however, does not authorise him to practise, until he has passed two other examinations. The first of these takes place two years after the *rigorosum*, during which time the candidate may travel in other countries, or practise under the direction of an established physician. This examination, termed the *probe-relation*, is held before a committee of professors, and also consists of verbal questions and answers, and written propositions, with the performance of an operation, named by the



examiners. The last examination takes place in October of every year, at which period from forty to sixty candidates present themselves. Five questions are proposed, to which written answers are given, and according to the manner in which the candidate acquits himself, is he placed in the first, second, or third class of practitioners. The first class practise in Munich, or in some other principal Bavarian town; the second class are for the most part restricted to country-practice; and the third to thinly-populated districts, or, if residing in towns, to the management of the slighter cases of disease. The expense of attendance on lectures, and the examination fees, amount to about five hundred florins, including the preparatory studies on physics, chemistry, natural history, botany, and mineralogy. Dr Ringseis is professor of clinical medicine.

The general Hospital, situate outside of the town, is one of the best which I have seen upon the continent. It occupies a quadrangle, inclosing two large courtyards. The wards (fifty-four in number) are of the same size, each containing ten or twelve beds. They are extremely clean and well ventilated. Between every two wards is a small apartment, containing articles required in ordinary use, and a plentiful supply of warm and cold water. The operating theatre is commodious, well lighted, and is supplied with bandages and dressings of all kinds fit for immediate use. The baths are in good order, and convenient. The office of nurses is performed, both in the male and female wards, by fifty *sœurs de la charité*. There are two physicians and a surgeon, who visit every morning before nine o'clock: there is also a physician who has exclusive charge of the syphilitic patients. Seven or eight assistants accompany by turns the principals in their rounds; three reside in the house for two years, and receive three hundred florins annually. The four principal medical attendants receive about six hundred florins each per

annum. Besides the public wards, to which all patients are admitted on application, there are a ward for students of the university and of the academy of arts, a male and female ward for Jews, and about twenty rooms neatly furnished for the accommodation of as many patients, each paying a florin a day, and having the attendance of a nurse.

Syphilitic patients, those with psora and other cutaneous diseases, as also those with diseases of the eyes, have separate wards appropriated to them. The ophthalmic wards are four in number, each containing six beds. Attached to this department is a small theatre, where operations on the eyes are performed.

This hospital, like many others in Germany, is supported by contributions from the town, and a trifling tax on servants and others of the inferior classes. The number of patients in the house averages about three hundred. Those who die are examined in the new anatomical building, a short distance from the hospital. The dissecting-rooms are clean and convenient. This building contains the pathological museum, which is small, but possesses some valuable preparations.

Munich also possesses military hospitals; a house for the insane, (which at the time of my visit was in very bad order, and could only be considered as a place of detention); a foundling hospital; and a lying-in hospital. This latter contains about sixty beds; the inmates, previous to their delivery, are obliged to work at spinning, knitting, &c., five or six hours a day. Women are allowed to remain nine days after parturition, and are obliged to take their infant away with them. The wards of this building are low, and indifferently ventilated, too many beds being placed in one apartment. In the clinical ward, lectures are delivered by the professor of midwifery, and accouchemens take place. Midwives attend labours in all ordinary cases. About fifty women are

annually instructed in midwifery, and must undergo an examination before obtaining a licence to practise. Between four and five hundred women are annually delivered in this hospital. Inflammation and other serious consequences are said to occur but rarely; and the mortality is very small.

The most prevalent diseases at Munich are thoracic inflammations, bronchitis, erysipelas: in the summer and autumn, gastric and nervous fevers, diarrhœa, and rheumatism. Scrofula is less common in the city than in the adjacent districts, owing to its elevated position, and to the greater dryness of the air. Intermittents are at times prevalent.

The treatment of disease is not exclusive, being grounded on existing indications, and varied according as the peculiarities in individual cases appear to require. Baths and enemata are but little employed, and auscultation and percussion are not much used. The examination of patients is minute and methodical, and clinical discourses are held at the bedside in Latin. Bloodletting, which was formerly in very general use, is now comparatively seldom employed; but in lieu thereof, evacuants, antimonials, and counter-irritants are had recourse to.

Among the remedies most in request are emetics, which at the period of my residence were used with great effect in gastric disorders and diarrhœa; tartarized antimony in large and small doses; the decoctum antiphlogisticum, which is composed of nitrate of potass, oxymel, and decoction of mallows; mild purgatives, especially sulphate of potass, in rhubarb infusion, or infusion of rhubarb with ipecacuanha. Mercurials are not frequently given, unless where evident hepatic disease exists. Stimulants and bitters are often prescribed where no inflammatory action is present. The muriate of ammonia, the preparations of bark, the calamus aromaticus, are often employed in diseases indicating a want of tone; the former occasionally in sub-acute inflammation. In



fever with gastric and biliary derangement, and in diarrhœa complicated with vomiting or nausea, emetics are generally given at the commencement, and are followed by infusion of rhubarb and ipecacuanha, or infusion of rhubarb with small quantities of sulphate of potass; when these are contra indicated, the liquor ammoniæ acetatis, or other saline mixtures, and in some cases the decoctum calami, are substituted: this treatment has been attended with great success. Erysipelas of the face is generally treated in a similar manner, a solution of super-tartrate of potass being prescribed for ordinary beverage. In combating pulmonary inflammation, a moderate abstraction of blood, the tartarized antimony, and sinapisms, are principally trusted to. In bronchial inflammation and irritation, tartarized antimony, sulphate of potass, ipecacuanha, oxymel, blisters, and hyoscyamus or cicuta in some demulcent mixture, are the remedies most frequently adopted.

During my residence at Munich, the surgical and ophthalmic department was superintended by Professor von Walther, who is well known as one of the first surgeons and oculists in Germany. He combined in most cases internal remedies with external treatment, and in operating for cataract always preferred the keratonyxis, making the puncture with a fine needle through the centre of the cornea. In several cases which I saw, the operation was perfectly successful; and no unpleasant symptoms or opacity of the cornea supervened. Other operations of importance are not of very frequent occurrence at the hospital. On one occasion of the performance of the lateral operation on a boy of ten years old, the stone was large, and some difficulty was experienced in its extraction. Peritoneal inflammation came on, which was treated by leeching the abdomen, and by half-grain doses of calomel every two hours, which reduced the inflammation, and the patient recovered.

In another boy with stone, cystitis and a high degree of fever was present; nevertheless, as the symptoms appeared to depend entirely upon the presence of the foreign body, the operation was performed, to the immediate relief of the patient, who slept soundly the same night, which he had not done for a long time previously. Among the other patients was a man aged fifty, who had been several weeks in the house with disease of the bladder, the nature of which was not well ascertained, but the leading symptom was the deposition of a quantity of muco-puriform matter in the urine. Injections with water moxa above the pubis, and other means, produced no amelioration, when, at my suggestion, the decoction of *pareira brava* was prescribed, and its exhibition was attended with great advantage, the urine becoming gradually clearer, and almost ceasing to deposit matter in the space of a few days.

The chair of clinical surgery is now filled by Stromeyer, from Erlangen, who likewise enjoys a universal reputation, and to whom the science is indebted for several original suggestions and methods of treatment, but more especially for being the first in Germany who recommended and practised the subcutaneous section of tendons for the cure of club-foot and contracted joints. Professor Stromeyer likewise originally proposed the section of the muscles of the eye for the cure of squinting, which was shortly afterwards performed by Dieffenbach, and has since become general all over Europe.

Munich is comparatively a healthy city, and in point of climate I consider it less objectionable than any other of the German capitals; for although in winter the snow usually lies thick upon the ground for three or four months, and the thermometer is frequently several degrees below the freezing point, yet the air is pure and clear, and considering its elevated position, (one thousand seven hundred feet above the level of the sea,) there is but little wind,

and the cold is consequently bracing, and rather salutary than the reverse. The most unpleasant sort of weather is in the spring, during the thaw, when rain frequently falls, and walking in the streets is almost impracticable.

#### NUREMBERG.

Although containing forty thousand inhabitants, there is no regular hospital at Nuremberg; the erection of one is, however, in contemplation. The sick poor are principally treated at their own habitations, at the charge of a society to which the magistrates greatly contribute. An ancient and ruinous looking building on the river is used as an hospital, and contains five hundred beds, mostly occupied by aged and infirm paupers, not more than sixty being appropriated to the reception of the sick; the rooms are large but low, and ill-ventilated, too many persons being crowded in the same apartment. Those for the sick are dirty looking, and small, containing each from four to ten beds. Three physicians attend the hospice. I accompanied one of these, as well as the surgeon, in their visits; but it appeared that my society would have been gladly dispensed with, as the visits were made in a hurried manner, and very few questions were asked, notwithstanding two or three of the patients were dangerously ill; there were, however, no cases of particular interest, and from what I saw, as well as from the answers I received, I should apprehend that the science of medicine is at a low ebb in this part of Bavaria. In another hospice, a short distance from the town, rooms are appropriated to patients with psora, and syphilitic affections. The interior of the building has more the appearance of a barn than of an hospital, and the rooms are as comfortless as can be imagined. A physician visits three times a week. Scabies is treated by the inunction of green soft



soap : the average duration of treatment is about a week.

There is also at Nuremberg, an institution for diseases of the eyes, containing between thirty and forty beds, established by the oculist who has charge of the patients, but to which the government contributes, as well as those patients who are able. The patients are treated in darkened rooms, many of them having thick pads bound over their eyes, which must tend to keep up an undue degree of heat : local measures appear to be principally employed, and counter-irritants are much used.

## VIENNA.

VIENNA stands next to Paris and Naples, among continental cities, with respect to the number and size of its public medical institutions. The most important of these is the General Hospital, erected in 1784 by Joseph the Second in one of the suburbs, where it occupies a considerable extent of ground. It is two stories high, encloses several spacious courtyards planted with trees and shrubs, and is divided into a hundred and eleven apartments, containing altogether nearly three thousand beds. The wards are, for the most part, extremely clean and airy, few having more than twenty beds. The hospital comprises an obstetric department of more than three hundred beds; a syphilitic department, of two hundred and fifty; wards for patients, and for children affected with tinea capitis and other cutaneous diseases. It is supported by its proper funds, a trifling tax upon certain classes of the population, and by the payments which the patients are called upon to make, according as they belong to the first, second, or third class. Each patient of the first class pays forty florins per month, for which he is entitled to a separate room, and food of a superior quality, and the exclusive attendance of a nurse; those of the second class pay twenty-seven florins a month; the third class pay only nine florins, which, when they are unable, is paid by their masters if in service, or by the hospital. The principal medical attendants are two physicians, two surgeons, and two accoucheurs. Each physician and surgeon has four assistants: the clinical assistants are appointed for four years, reside in the house, and receive a salary of four hundred florins yearly. To the assist-

ants is confided the care of the patients in general, as the principals mostly restrict their visits to the clinical wards, to which the most interesting cases are transferred. Visits are made both in the morning and afternoon.

Vienna did not, till lately, rank high as a medical or surgical school: the study of morbid anatomy was not very zealously pursued, neither was the aid of auscultation or percussion frequently called in to investigate diseased states. Within the last few years, however, a new impulse has been given to pathological anatomy by Professor Rokitansky, which has materially altered the character of Viennese medicine; the disciples of the "young Viennese School," as it is termed, trusting more to morbid anatomy than to the study of symptoms for the elucidation of disease. "Whilst in former times," says Dr. Wunderlich,\* "one went analytically to work, to consider groups of symptoms in their connexion as a general picture, and sought to deduce consequences from these precedents, it was forgotten that there was never a sure point from whence to set out, but only variable transitory phenomena. Instead of this, Rokitansky chose the opposite way: he seized that which lay beneath his eyes; from the autopsic results he went backwards, asking himself, how could this state arise? what particular physical and physiological possibilities could induce these alterations as exhibited in the dead body; and comparing these possibilities with each other, arrived at probability. He began, for instance, not with considering that from a person's taking cold, cough and pneumonia are induced; but first regarded the hepatization, and sought how this came to be formed, what appearances accompany it, and the causes which gave rise to it."

It may be questioned, however, whether from this too exclusive consideration of morbid changes, as

\* Paris und Wien. 1841.



evidenced by post-mortem examination, the treatment of disease had not rather retrograded than advanced. Dr. Wunderlich seems to admit, in fact, that not only by Rokitansky, (in whose wards abdominal diseases mostly abound,) but also by Skoda and Colleschka, (in thoracic diseases,) the physiological and vital phenomena, and the nervous sympathies, are not sufficiently attended to. As regards medical statistics, Dr. Wunderlich says, that Vienna is not excelled by any place; the cases are observed with scrupulous minuteness; are collected in sufficient quantity, and are only used for those questions for the elucidation of which they can effect something. "Their application never degenerates into that useless and tedious tabular mania, in which the chief thing to wonder at is the patience and diligence of the composers."

Since April, 1840, a service of forty beds has been set apart for diseases of the thorax under the direction of Professor Skoda, who employs in pneumonia, tartar emetic, or ipecacuanha in large doses. He regards the employment of mercury in pneumonia and pleuritis, and in the extravasation resulting therefrom, as nearly useless; and when fluid is collected, frequently performs the operation of paracentesis with permanent benefit, or at least with considerable alleviation of the symptoms. The operation is repeated according as circumstances may require; a special apparatus is used for the purpose, in order to prevent the admission of air. Paracentesis has also been successfully performed for the evacuation of fluid in the pericardium.

Professor Seeburger has chiefly the charge of cases of typhoid fever, for which his treatment consists for the most part in the exhibition of alum, the results of which are said to be favourable. In adynamic or ataxic states, diffusible stimuli, as ether, ammonia, camphor, with aromatics and tonics, are frequently employed by the Vienna practitioners.

Scrofulous diseases are very prevalent at Vienna, and scorbutic affections are not unfrequent. A light tonic medication, bitters, and mineral acids, are the principal remedies in these cases. At the time of the prevalence of cholera, this disease was treated in the hospital by the frequent exhibition of small lumps of ice allowed to dissolve slowly in the mouth, the limbs being at the same time enveloped in cloths wetted with cold water. The mortality among the patients treated by this method was very great: it was not adopted by the town practitioners, by whom a variety of remedies were employed, as in other places.

Several pathological works have lately emanated from the Viennese practitioners; and among these, one of the best is the work of Skoda on Auscultation and Percussion; Rokitansky's Handbook of Pathological Anatomy is likewise in high estimation. (The Anatomico-Pathological Collection has been also greatly enriched of late years.)

There are twenty-four beds for the surgical clinique: the cases in the other wards consisting mostly of ulcers and other chronic affections. It is only in diseases depending upon constitutional taint that internal medicine is exhibited. Amputation is the operation most frequently performed. Aneurism is rare, and stone is not of frequent occurrence. Lithotrity has been done several times by Professor Wattmann and others. For incising the neck of the bladder in the lateral operation, a sharp-pointed lithotome, nearly as broad as the cutting gorget, is used. A patient, who underwent this operation six months previously, was still in the hospital at the time of my attendance, in consequence of a fistulous communication between the bladder and rectum, resulting from the bowel having been cut at the time.

There were also in the clinical wards, a girl with scrofulous abscess in the axilla, which had been

opened. As the wound did not readily heal, arsenic was prescribed with no local amelioration, but the general health had become deranged by the remedy. A case of ulceration of the ala nasi, for which the patient had been taking mercury without any benefit. An old woman, whose fractured thigh had become consolidated, but with considerable irregularity and shortening of the limb. In these cases, the usual practice was to apply splints around the thigh, not extending lower than the knee, and consequently there were no efficient means of extension.

The male department of the syphilitic wards is under Gunther; the female department is superintended by Seeburger. The treatment is simple, with low diet, mercury being excluded, as in the Charité at Berlin. The most usual remedy is the decoctum Sydenhami, of which the chief ingredient is sarsaparilla. Dr. Wunderlich, speaking of the anti-mercurial treatment, observes, "This is carried perhaps too far; but it is a surprising circumstance, that in almost all the large and well-conducted syphilitic hospitals in Germany, mercury is banished, or, at all events, its exhibition is restricted within very narrow limits; whereas, most of our practitioners, and many of the theoretical writers, always inculcate its indispensable necessity. In the primary forms, the treatment in the hospital, except in inveterate cases, usually lasts only a short time, and the cure appears to be radical, as relapses, when occurring, must necessarily be seen at the hospital, which is the only establishment for syphilitic patients, and would become the most undeniable impeachers of the method. It is seldom that patients labouring under secondary symptoms have to be again admitted, and all the cases which had not been previously treated with mercury, exhibit an astonishing mildness and tractability of the symptoms. Affections of the throat, especially, are but seldom



seen, and when they occur, it is mostly from previous mercurial treatment.\*

Married or unmarried women, in the eighth or ninth month of pregnancy, are received on application at the obstetric division. No one is asked her name or condition, but each is required to bring a sealed paper, containing the christian and family name, with other particulars. On this paper is marked the ward, the number of the bed, and the name of the accoucheur. When the woman leaves the hospital she takes it away again, without the seal having been broken, which is only done in the event of her death. The infants may either be left in the hospital, or be taken away by the mothers. Like the other inmates of the hospital, the pregnant women are divided into three classes, paying different sums monthly: those of the first class have a private room, where no one, except the physician and nurse, is allowed to enter; those of the third class occupy airy wards, and are employed till the time of parturition in knitting, spinning, and similar avocations; they are also required to nurse children from the foundling hospital. Upwards of three thousand accouchements take place annually. I was given to understand at the time of my visit, that the mortality was great in consequence of the occurrence of puerperal fever, the treatment of which did not appear to be energetic, consisting, for the most part, in ordinary cases, in cooling and demulcent drinks. When there is high inflammation, leeches to the abdomen, or the occasional abstraction of blood from the arm, are had recourse to, aperients being but sparingly given.

The eye cliniques of Vienna are deservedly considered the first in Germany, and are annually resorted to by students from various countries: that at the hospital is under the direction of Professor Rosas, who passes each patient in review, makes his

\* Wien, und Paris.

observations, and requires his pupils publicly to examine the patients, to enter minutely into the peculiar circumstances of the case, and to state their diagnosis, and the method of treatment, which he either approves or rectifies; thus giving rise to much useful discussion, in the advantages of which all participate. The treatment is both general and local, internal medicines being given in most cases; the local treatment is mostly antiphlogistic, stimulants not being so freely used, though in many cases of chronic inflammation the *lotio hydrargyri oxymuriatis* is preferred. Professor Rosas usually operates cataract by extraction, though he is not exclusively attached to this method, and not unfrequently couches, puncturing the sclerotic, or the cornea, according to circumstances.

Close to the hospital is a circular building five stories high, for the treatment, or rather detention, of insane patients. On each floor are twenty-eight white-washed cells, most of which contain no other furniture than two beds, without any other covering than a blanket. At the time of my visit there were upwards of three hundred patients in the tower; whence they do not go out until they die, or are dismissed; and there is no place for exercise except the corridors, where the more tranquil patients walk about. One female monomaniac had been thirty-six years an inmate of her cell. There is no division of the patients according to the varieties of the disease, nor does any plan of treatment seem to be adopted beyond remedying urgent symptoms. The usual means for repressing the furious, consists of a tunic of sackcloth covering the upper part of the body, the arms being bound across the stomach. Some of the beds are furnished with straps for the wrists and ankles. The physician or his assistant visits daily. Those patients who pay forty florins a month have rooms tolerably furnished, and food of a superior quality. Very few are

cured, but many, when quiet, are suffered to leave, or are removed by their friends.

The Medico-Chirurgical Academy, which was likewise instituted by Joseph the Second, was newly organized in 1802. Its object is to form skilful army surgeons; the number of pupils is two hundred, and the course of instruction lasts two years. The building is one of the handsomest in Vienna: it contains an anatomical theatre, a library, a museum of natural history, and the fine collection of anatomical wax models, occupying several apartments, and arranged with great care into divisions, illustrative of osteology, myology, &c. The models are made by Fontana, who likewise made those in Florence: the latter, however, appear to me to be neither so correct nor so well executed as those in the Vienna collection. Adjoining the academy is a large military hospital, which contains the ophthalmic clinical wards of Professor Jæger, who delivers a lecture and holds clinical examinations daily. These wards are darkened by green window curtains, and screens are placed before the beds, by which the admission of light can be regulated. The number of beds does not exceed five-and-twenty; the professor has, however, an ambulatory clinique at his house, which is numerously attended by patients and pupils. He combines general with local treatment in the majority of cases, the basis of the practice being mostly antiphlogistic and revulsive; stimulating applications being less frequently used than by most English practitioners. Professor Jæger operates for cataract almost exclusively by extraction.

The Hospital of the Barmherzige Brüder, in the Leopoldstadt, contains about a hundred and twenty beds, principally in one long ward on the ground floor, for mechanics and others of the sick poor of any country or religion: the upper part of the building is occupied by the members of the brotherhood.



This hospital is supported by the funds of the society, and by contributions, for which a brother calls upon strangers at their hotel. All patients of the male sex are received on application; the cases are consequently for the most part acute and chronic internal disease, with a few surgical cases, principally syphilitic. A physician, resident in the town, makes daily visits; one of the brethren, however, acts as superior physician, and the patients are exclusively attended by the brethren. The practice is in most cases expectant: decoction of althea, a *mistura oleosa nitrosa*, and other mucilaginous drinks, being usual remedies in febrile and inflammatory complaints. In two strong men, however, labouring under pneumonia, bleeding had been prescribed. In low nervous fever, which is not unfrequent, valerian and camphor are often exhibited. Intermittents are usually treated by a solution of sulphate of soda in *decoctum graminis*; if this fail, bark is resorted to. Among the patients was an old man with fracture of the thigh at its centre; the limb had been placed in a sort of junk, which was loosely bound together: no means were adopted for keeping up extension, and there was considerable shortening of the limb three weeks after the accident. Syphilis is generally treated by a mild mercurial course, calomel or the mercurial ointment being the preparations preferred. Convalescents are transferred to a house in an open part of the suburb until their complete recovery.

The hospital of the Elizebethan Nuns is destined to receive fifty sick females, who are attended by the nuns. The medical duties are performed by a physician and a surgeon, who visit daily. The number of patients admitted averages about five hundred annually.

The university, founded by the Emperor Rudolph, in 1365, was formerly one of the best in Europe: it subsequently fell into disrepute, but was restored

and newly organized by Maria Theresa, assisted by the celebrated Van Swieten, who richly endowed it with money, and gave it his valuable collections. The faculty of medicine, thus enriched, soon counted among its professors men of the highest reputation, as Stoll, Frank, Hildenbrand, Prochaska, Beer, &c., and the number of its students was proportionably large. More recently, however, it has again declined, the progress of science not keeping pace with its advanced state in other universities, and it is consequently but little resorted to by strangers.

The building is handsome, two stories high, of a quadrangular form: on the ground floor are the anatomical theatre and chemical laboratory; the saloon for examinations and scientific disquisitions, and cabinets of various machines and instruments, occupy the first floor. On the second floor is the anatomical collection, rich in the injected preparations of Ruysch and Prochaska. The university likewise possesses a museum of natural history, and an extensive library. The number of students is now about fifteen hundred, of which nearly half attend the medical courses, which are public and gratuitous.

Surgeons are divided into three classes in Austria; the lowest class, or minor surgeons, attend lectures for one year, undergo an examination, and also officiate as barbers; those of the second class require a three years' course of study, and are termed *magistri*; the highest class are required to take a degree of doctor of medicine and surgery.

Students for the diploma are examined each year during their studies. At the termination of the fifth year they have to undergo two examinations, (*rigorosa*.) In the first they are examined on anatomy, physiology, pathology, zoology, and botany; in the second, on pharmacology, forensic medicine, medical police, chemistry, clinical medicine, surgery, ophthalmology, and obstetricity, which latter take

place in the wards. Surgical candidates are required to demonstrate on the dead body, to perform an operation, (indicated by the examiners,) describing its various steps, and subsequently to operate on the living subject.

As the courses are gratuitous, medical education costs little in Austria. The examination fees are, for the medical diploma, two hundred florins; for the surgical diploma, one hundred and forty florins; for the degree of magister in midwifery, or as an oculist, forty-eight florins.

#### PRAGUE.

Prague contains a large university, a general hospital, with three hundred beds, a large military hospital; a neat hospital of one hundred beds for men, in the convent of the Barmherzige Brüder, a brotherhood who attend upon the sick, in twenty-seven hospitals of the Austrian states; and a similar hospital of sixty beds for women. This latter is also within the walls of a convent, the patients being attended on by the sisters, forty-five in number: the wards, with the corridors and galleries, are plentifully decorated with badly-executed religious images and paintings. At this, as well as at the corresponding hospital for men, a physician visits every morning.

The wards of the principal hospital are clean and airy; each containing from eight to fourteen beds. The medical attendants are two physicians, who are the professors of clinical medicine, the professor of clinical surgery, and the professor of ophthalmic surgery. Clinical discourses are held, and reports of cases read in Latin at the bedside of patients: the clinical examinations of candidates for the diploma also take place in the wards. In order to be admitted, patients must produce a certificate signed



by the magistrate, the parish priest, and the master of the house in which they reside.

Antiphlogistic measures do not appear to be energetically employed in the treatment of acute disease, internal medicines and counter-irritation being mostly trusted to. Experiments of new methods are also frequently made. At the time of my visit there were several cases of rheumatism in the house, which were treated by the administration of large quantities of warm water, and it is said very successfully. This method originated, I believe, not long since, at Munich, and is adopted in some parts of Germany, in acute and chronic rheumatism, as also in some other diseases. The other cases in the physicians' wards were intermittents, bilious fevers, bronchitis, chlorosis, epilepsy, and other nervous affections.

Twenty of the most interesting cases in the surgical department are selected for the clinical wards. Surgery does not, however, stand high at Prague. Medicine is seldom given except in diseases depending upon a constitutional taint. Among the cases was a dislocation of the inferior extremity of the ulna, with extensive wound on the fore part of the wrist. This was treated by a single splint applied along the back of the fore-arm, extending from its middle beyond the fingers, and maintained in position by a narrow bandage passed round the palm of the hand, and the centre of the fore-arm: the constriction of the bandage, if it did not give rise to, was evidently keeping up, the erysipelatous inflammation, which extended from the wound to some distance above the elbow. There was also a case of fractured neck of the humerus treated by keeping the patient in bed, with his arm in a sling, no splints or bandages having been used: a bad compound fracture of the leg, which was suspended on narrow bands connecting the two branches of a wooden frame; the foot being fixed and suspended

on the same level, by a band passing beneath the heel. No lateral splints were employed, and the leg was fixed merely by two or three straps of bandage passed across it below the patella: a fractured thigh treated by an external splint extending from the trochanter below the knee, and another on the anterior part of the limb, there being none on its inner side to give support and to sustain the pressure of the bandage.

The ophthalmic wards contain about thirty beds for the treatment of diseases of the eyes. Bleeding and stimulating lotions are not very freely employed, as the surgeon trusts more to blisters, occasional purgatives, emollient or slightly astringent lotions. There is also a syphilitic ward, where mercurial inunction appears to be the remedy principally trusted to.

The university of Prague is the most ancient in Germany, though at present it only holds a secondary rank in a scientific point of view, and does not keep pace with the advanced state of knowledge in other parts. It was founded in 1348, and at one time counted several thousand students, who were classed according to the nations whence they came. It received, however, a shock from the disputes in the beginning of the fifteenth century, which it never recovered, and continued in a very depressed state till the reign of Joseph the Second, under whom, and the late emperor, it has somewhat improved. The number of students is at present about fifteen hundred, of these the greater number study theology. Here and in other Austrian universities the course of education is attended with no expense to the students, the professors deriving their salaries entirely from the government.

Five years is the required period of study preparatory to the examination for a medical diploma. The first three are devoted to attendance on the different lectures, the two last principally to the cli-

niques, pupils having patients placed under their care, of whose progress they are required from time to time to render an account. Pupils are examined every six months during their studies; the final examinations for the diploma are two: the first is on anatomy, physiology, natural history, medical and surgical pathology and therapeutics, before the dean, and the professors of these sciences: the second is on chemistry, materia medica, medical jurisprudence, practice of medicine and surgery, and clinical examinations at the bedside. A thesis must also be written and defended. Surgical candidates have likewise to perform two operations on the dead body, describing the steps of the operation, the advantages of various methods, &c. The expenses of examination amount to about twenty pounds.

The same regulations are adopted in all the Austrian universities.

The building is a vast and imposing structure, enclosing a large courtyard, situate in the centre of the old town. The amphitheatre and lecture-rooms are large and commodious; the library, a splendid saloon, surrounded by spacious corridors, is well arranged, contains upwards of one hundred thousand volumes, and is particularly rich in ancient theological works: the chemical laboratory and the anatomical rooms are in a separate building, and are small and incommodious. Adjoining is a small and indifferent pathological collection. Anatomy is but superficially studied in the Austrian states, and the general practice of surgery is considered to be very inferior.

#### STUTT GARD.

The population of Stuttgard is thirty thousand. The hospital is a neat edifice, of recent erection, a short distance from the town, containing three hundred beds, with furniture of the best kind, disposed



in small, but clean and airy wards. In summer not more than half the beds are occupied, but in winter the proportion of patients is much greater; the majority are medical cases: the surgical patients are few in number, and it is seldom that operations of importance are required. There are two physicians and a surgeon, who receive a salary: that of the first physician is eight hundred florins. The nomination of the medical officers rests with the minister of the interior, who, when a vacancy occurs, chooses from four candidates selected by the town; the choice is usually made according to the recommendation of the physician: an assistant-physician and an apothecary reside in the house. The hospital also contains obstetric wards, where about one hundred and sixty women are annually delivered.

There is no endemic disease in the neighbourhood of Stuttgart: at the time of my visit the principal diseases in the hospital were nervous and gastric fevers, bronchial affections, rheumatism, and chlorosis; this last disease is extremely prevalent, and is mostly treated by preparations of iron and ammonia. The treatment of nervous fever varies according to the circumstances of each case; bleeding, leeches, laxatives, mineral acids in a mucilaginous beverage, lavements, cold lotions to the head, with tonics when required, are the remedies most usually resorted to. The means commonly employed in rheumatism are blood-letting, blisters, purgatives, and diaphoretics; as tartarized antimony, Dover's powder, and guaiacum. In abdominal inflammation, bleeding, leeching, mucilaginous drinks, and enemata, are usually trusted to: purgatives are given when the violence of the inflammation is somewhat lessened. Sciatica is treated by blisters applied, not over the trunk of the sciatic nerve, but below the knee, so as to encircle the leg; this method is said to procure a speedy cure in most cases. Morphine is also administered by the en-

dermic method, with great success, in neuralgic affections: the strychnine has been employed here by the same method with great advantage, in some cases of paralysis.

Among the patients was a young man with well marked elephantiasis of the right inferior extremity, which was more than thrice as large as its fellow. The patient had never left the neighbourhood of Stuttgart, and the causes which induced the disease were unknown, the physician never having met with a case originating in the country. His appearance was cachectic, and he had had the disease several years without any amendment having taken place; he was, however, able to get about, and only complained of difficulty of breathing after exertion, and of occasional pains in the abdomen, the lower part of which felt very hard to the touch.

The surgical wards presented little of interest except a fractured thigh, treated in the extended position by an apparatus consisting of a perforated foot-board, through which straps are passed, and, confining both feet, keep up the extension: the sound limb has a splint on the outer side along its whole length. The fractured thigh is enclosed by splints reaching from the hip to the knee, below which a padded compress is fixed, and extension is made, by the straps from the foot-board being attached to the compress.\*

The university of Tübingen, the only one in the kingdom of Wurtemberg, is about thirty-five miles distant from Stuttgart. It is one of the most ancient of the German universities, having been founded in 1477, and was formerly in a most prosperous condition, but suffered much during the thirty years' war, since which it has never recovered itself; though even now it bears marks of its ancient splendour. Its present comparative prosperity is owing in great

\* A statistical account of this hospital during ten years has recently been published by Dr. Cless.

measure to the late Professor Autenreith, who, in 1819, was elected grand chancellor, and who notwithstanding filled the office of professor of clinical medicine. H. F. Autenreith, professor of therapeutics and legal medicine, is also recently deceased; the present professor of anatomy and pathological anatomy, is Dr. Rapp; the professor of surgery, Reicke; pathology and materia medica, Gmelin. The clinical establishment is well arranged, but the scientific collections are small, and offer but little to interest. The library contains about eighty thousand volumes. The number of students resorting to Tübingen, averages between five and six hundred annually.

#### FRANKFORT.

Frankfort on the Maine has a population of fifty thousand inhabitants. The principal hospital, (Holy Ghost,) rebuilt within these few years, is a handsome edifice, near the quay, three stories high, enclosing a court. The ground floor is taken up with the *pharmaice*, kitchen, chapel, &c. The wards on the first and second floor are well ventilated, and a model of cleanliness; each contains ten or twelve beds. The entire number of beds is three hundred, though at the time of my visit there were not more than one hundred and eighty patients in the house. Along the corridors adjoining the ward are closets, each patient having one for his clothes, &c., of which he keeps the key. This hospital has its own revenues, from benefactions and bequests; it is chiefly appropriated to the reception of sick strangers, or others not belonging to the town. Dr. Varentrapp, who has published a "Medical Journey through England, Holland, and Belgium," is the physician and surgeon: an assistant resides in the house. The surgical cases are but few: accidents do not frequently happen at Frankfort. Stone is very rare



here, and indeed in all the Rhenish countries, which is ascribed partly to the common use of the wine. Erysipelas, gastric, and typhoid fevers, are common. Small bleedings, occasional laxatives, and emetics, are the most usual remedies, to which recourse is had in the treatment.

There are besides in Frankfort a hospital for the town, one for insane patients, and a small one for the Jews, who form about a tenth part of the population. These are directed by an administrative committee, composed of five influential inhabitants. The hospital for poor towns-people is a commodious edifice, with an adjoining garden, containing upwards of one hundred beds, in small but airy wards; the beds are low, without curtains; each is furnished (as well as in many other parts of Germany) with an eider-down coverlet, which I should imagine predisposes very much to rheumatic attacks, in consequence of the great difference of temperature to which patients are exposed when in bed, and the open air. The professional duties are performed by a physician and a surgeon. The baths are well arranged, and in good order.

Catarrhal and rheumatic affections are among the most common complaints in winter and spring; in summer, gastric and typhoid fevers are at times very prevalent. Operations are seldom performed; not more than two or three amputations take place in a year. In hernia, the operation is not performed till after repeated attempts at the taxis and other means have failed.

The institution for the insane is a large house, containing about eighty beds, half the number for males and half for female patients. On the ground floor are clean and airy rooms, containing from two to six beds. On the first floor is a reading-room, supplied with books and newspapers, which several patients were perusing, and working at the same time. There is also a billiard-room and cards for

evening amusement. Some of the male patients are employed in various works ; the women in knitting, sewing, or spinning. Fourteen cells, warmed by heated air, containing each a fixed bedstead and a seat, and having the window secured by strong wire, serve for the isolation of maniacal patients. Some violent patients are confined in a *camisole*, which limits the movements of the legs, though not so much as to prevent walking. Venesection, purgation, emetics, warm baths, douches of various degrees of force, from the shower bath to the strong impulse of a column of water, are among the chief measures employed. Dr. Varentrapp senior has the medical superintendence of the hospital, and within the last few years, since the locale has allowed their employment, trusted more to the employment of moral means in the treatment.

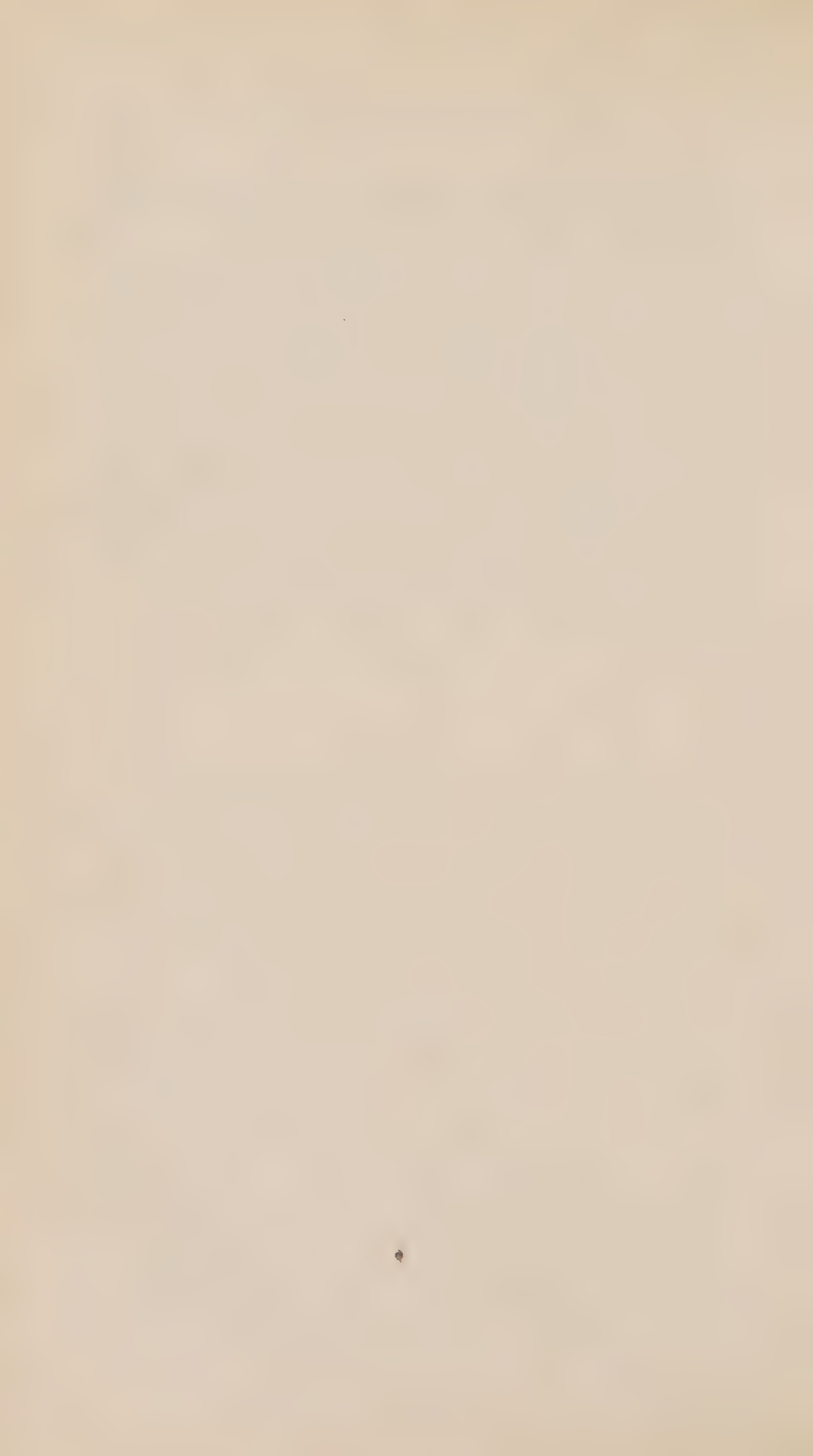
#### HEIDELBERG.

The university of Heidelberg is one of the most ancient, having been founded in 1386; and although it suffered much during the wars of the seventeenth century, it subsequently recovered itself, and now ranks high among the German universities, especially as a school of medicine, owing to the zeal and ability of its professors, among whom I may specially mention Tiedemann, professor of anatomy and physiology, Chelius, professor of surgery and ophthalmology, and Nægele, professor of obstetricity, as enjoying a European celebrity. The students have the reputation of being attentive and zealous ; their number amounts to about six hundred, of which one-fourth attend the medical classes. The facility with which diplomas are obtained by strangers, without much inquiry as to their qualifications, from this and some other German universities, has been animadverted upon both in the German and English periodicals, though I believe diplomas

are no longer sent to individuals upon their forwarding two or three certificates, and the fees, without a personal attendance.

The building is a plain quadrangular structure, in the centre of the town, containing lecture-rooms, and a public hall for examinations. The library is in an adjoining building: the collections of mineralogy, zoology, &c., are in the houses of the respective professors. The anatomical theatre and dissecting-rooms form part of an edifice formerly an extensive convent. That which was the chapel now contains Tiedemann's anatomical and pathological museum, which is well arranged, and contains several valuable preparations, especially those of the sympathetic, par-vagum, and cervical nerves.





PARALLEL VIEW  
OF  
ENGLISH AND FOREIGN MEDICINE  
AND SURGERY.





A PARALLEL VIEW  
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THE free intercourse which has of late years existed between different countries has necessarily had the effect of destroying many national peculiarities and prejudices, of uniting their populations more closely in the bonds of common fellowship, and of promoting the advancement of the arts and sciences; and no greater advantage to the community in general has resulted from this intimate communication than the progressive advance in the science of medicine. A comparative view of the medical and surgical practice in Great Britain and on the Continent, would not consequently exhibit, at the present day, such striking contrasts upon many points as at a former period. Still there exist great differences both as regards practice and the organization of medical institutions, to some of which I purpose briefly to advert, confining myself to generalities of a practical nature.

The absence of a general Faculty of Medicine in England, or of a superior controlling influence, and the division of the profession into three sections, superintended by corporate bodies and independent of each other, is a principal cause of the want of

unity or of *esprit de corps* among its members, and has operated no less prejudicially as regards the public by retarding the progress of the science; whereas, the centralization of the medical faculties of France, and of the universities of Germany and Italy, tends strongly to promote this object, while the methodical plan of education which students are for the most part there obliged to pursue, together with the several examinations which they have to undergo, must be admitted to be a much better criterion as to the capabilities of those to whom the health of the community is to be intrusted, than the production of certificates of having served an apprenticeship of attendance upon certain courses of lectures and hospitals, and the merely verbal examination for a period varying from twenty minutes to three quarters of an hour, to which most English candidates for a licence to practise are subjected. This is so insufficient a test of the merits of individuals, that, till lately, a capable person was liable to be rejected; whereas, another less qualified, but who had devoted the few weeks previous to examination to the process of GRINDING, was not unfrequently complimented upon his proficiency, though the greater part of what he had thus learnt would be forgotten shortly afterwards.\*

The great error of the English system is, that it leads pupils to learn too much by rote without

\* Alluding to the mode of studying anatomy in London as contrasted with Edinburgh, a foreign author observed a few years ago, "Anatomy in England is too much studied for itself alone, and too little in connexion with physiology and pathology; whereas, in Edinburgh, it is more especially taught with reference to physiology and practice. Hence it might easily happen that many capable Edinburgh students would be rejected at an examination before the London College of Surgeons; and the same thing would frequently occur on the examination of London students before the Edinburgh College. Hence also the Edinburgh surgeons are more learned and better pathologists."—Mühry. *Darstellung und Ansichten zur Vergleichung der Medecin in Frankreich, England, und Deutschland*. Hanovre, 1831.

This observation is, however, not quite so applicable at the present day.

exercising their intellect; whereas, on the Continent, a good deal of mental exertion is required in the composition and defence of theses; in the superintendence of clinical cases, the taking of notes, and the examinations by professors at the bedside; in dissecting and operating upon the dead body during the examination; describing the parts (the names of which are drawn by lot) operated upon; and answering questions relative to the operation or dissection.\* The "walking the hospitals," in the literal acceptation of the term, by a large proportion of English students, is a consequence of the deficiency of clinical examinations, and would not bear a favourable comparison with the assiduity and eagerness with which cases are investigated by the majority of pupils abroad, especially in France. In fact, the continental student has several incitements to exertion, which are less urgent in England. He is well aware, that in order to obtain his diploma, he must work hard, and that (in by far the great majority of instances) upon his obtaining it must depend his future means of existence; for the comparatively low cost of the course of studies enables many to enter the pale of the profession who in England would be excluded by the expenses attendant upon their education and living during the period. Many foreign students exist upon forty or fifty pounds a year, and in case of sickness, are obliged to become inmates of the hospitals, where they meet with attention and advantages not to be expected in their comfortless apartments. These students have consequently little to spend in pleasures, and a great

\* Dr. Southwood Smith observes, "The degree in which the science of mind is neglected in our age and country—may it not be justly added especially in our profession?—that science, upon the knowledge of which the conduct of every individual mind is dependent,—is truly deplorable. Medicine is an inductive science, the cultivators of which are peculiarly exposed to the dangers of making hasty assumptions, and of resting in partial views. Yet it is not deemed necessary that a practitioner should be disciplined in the art of induction, or should be cautioned against sources of fallacy in the practice of making inferences."



part of their time not taken up by lectures and hospital attendance is passed in the medical reading-rooms, with which the neighbourhood of the Ecole de Médecine abounds. To the facility thus afforded for the admission into the profession of the sons of persons in a comparatively inferior station, may be chiefly ascribed the greater roughness of manners observable among the majority of continental students as compared with those of England, which is not unfrequently preserved more or less in after life. It is likewise partly owing to this circumstance that members of the profession upon the continent do not in general stand so high in public estimation as in England, and the scale of compensation is much lower than the difference in the expense of living would account for ; though, for those who have attained eminence there is not so much disparity in this respect between England and France. It can therefore scarcely be wondered at why so few rich people abroad bring up their sons to the medical profession. On the other hand, an additional stimulus to exertion is given in the public competition which is called forth on the occurrence of vacancies, not only in professorships, in the posts of hospital physicians and surgeons, but also during the period of study in those of house physicians and dressers ; each individual being aware that talent and application are the only efficient passports to distinction.

The powerful influence which the *concours* must exert upon the capabilities of individuals in particular, and upon the progress of medicine and surgery in general, is too obvious to require comment ; moreover, the habits of application thus early acquired are generally continued throughout life. Hence a cause of the greater richness of the medical press in France from men of experience, and the important discoveries and improvements for which the science is indebted to them. Had it not been

for this system of competition, Dupuytren would very probably have lived and died in obscurity, and the efforts of his genius, and the ameliorations which he effected in the practice of surgery, would have been lost to his country and to the world. Several other examples might be adduced, but of those living it will suffice to mention the name of Velpeau, who has likewise raised himself, solely by talent and application, from a humble station to the highest rank in his profession.

It may be said, that as medical institutions in England are not strictly national establishments, but are supported for the most part by private benevolence, the subscribers naturally think themselves entitled to have a voice in their internal administration, and to serve their friends by their votes; still it must be considered, that as regards the professional superintendence of the sick, the great body of subscribers do not take the trouble, or would be less capable of determining as to the relative merits of candidates, and that therefore a greater degree of responsibility rests upon those who, having influence, take upon themselves to direct their choice; for, although it may be very natural that individuals holding these appointments should exert whatever influence they possess to procure the nomination of their relations, or of those with whom they are intimately connected, to be their colleagues or successors, (and in some instances from having had greater opportunities, these might prove to be the most fit persons,) nevertheless, it cannot but be generally admitted, that the welfare not only of hospital patients, but also of the public, would be better promoted by a system of competition more impartial and more in accordance with the dignity of the profession, than has hitherto prevailed.

The prejudiced and *outré* statement of M. Baumés\* a few years back, that, as far as regards originality,

\* *Aperçu Medical sur les Hopitaux de Londres.*

the condition of surgery had remained almost stationary in England since the period when M. Roux published his "Parallele," (to which I replied at the time in the *Gazette Medicale*, and which also induced me to publish a brief sketch of the London hospitals and practice, in a pamphlet long since out of print,\*) have also been in some measure refuted by the German visitor from whose work I have already quoted, (which appears to take a tolerably fair view of the question,) who takes occasion to cite the labours of several of our most distinguished surgeons in recent times. M. Baumés was, in fact, incapacitated from forming a correct judgment upon the matter, both on account of the short period which he remained in England, and also from his being but little acquainted with the language; and his predilections in favour of the Broussaian doctrines, which led him to regard as pernicious our employment of various internal remedies in surgical disease. His remarks, however, respecting the treatment of syphilitic diseases are more reasonable, and might be perused with profit.

A peculiarity, wherein the English practice of medicine differs from that of other nations, which the present division of the profession and education tends to preserve, is the system of the same person prescribing, and sending the remedies, or, as a foreigner has expressed it, of the medical practitioner combining the avocations of physician, surgeon, midwife, apothecary, and dealer; for, although the practice of medicine and surgery by the same person is perhaps as common abroad as with us, and is in general advantageous, midwifery on the continent is for the most part in the hands of females, and apothecaries are not allowed to prescribe, their business being restricted to the vending of drugs, and

\* *Coup-d'œil sur les Hopitaux de Londres et sur l'état actuel de la Médecine et la Chirurgie en Angleterre.*



the preparation of prescriptions, as with our chemists and druggists. From the circumstance of the great body of practitioners being remunerated not according to their visits, but in proportion to the quantity of medicine sent, it necessarily follows that the English take much more medicine than continental patients. In some parts, however, this system is falling into disuse, though it will probably be long before it is generally abandoned; inasmuch as a large proportion of the public will always like to see as much as possible for their money, even though it be physic; but the sooner the system is altered, the better will it be both for patients and practitioners.\*

On the whole, however, the practice in England, especially as regards the treatment of the majority of acute diseases and surgical cases, though still far from what it might be, is yet more successful, in my opinion, than that of other countries; the natural good sense with which the English, as a nation, are pre-eminently endowed; the dependence of practitioners upon former experience, without being so easily led away by plausible hypotheses or experiments, till they have withstood the test of time; the readiness to avail themselves of, and to perfect foreign inventions and improvements, and the penetration which so frequently enables them to seize the more fitting indications in individual instances, tend in great measure to counteract the prejudicial results which would otherwise arise from the inefficient education and organization of the profession. It will be interesting to quote here what has been said by two German physicians who visited our medical establishments. Thus, Professor Marx, of Gottingen, on comparing English with German medicine, says, "If we are reproached with being too ideal in our course of studies, the English, on the other hand, may be

\* It appears from the Bill to be introduced in the ensuing session of Parliament, that considerable alterations in the organization of the profession will shortly be effected.

said to be too material. If we proceed too far from mere inward conceptions, they stop too much to lay hold of merely sensible perceptions. If we do wrong in commencing and even in ending our lectures with general doctrines, so also do they err in beginning with experience and in ending by simply combining what is observed. With us, pathology is the principal thing; with them, therapeutics. We seek for principles; they for results. We content ourselves too much with general views and ideas. They require to see the individual object, and to seize its advantages." \*

Dr. Mühry, from whose work I have already extracted, after alluding to the small number of theories of disease which have originated in England, (the chief being those of Cullen, Brown, and Darwin,) says, "The field which the English allow to lie fallow is that of theory; but as far as the field of empiricism reaches, there are no better observers, no better exposers, or treaters of disease. They collect cases, and draw conclusions from them; their literature places diseases monographically close to each other; and these monographies, which are again the assemblage of individual cases, form a whole, like a gallery of excellent portraits. The descriptions of disease by English writers are true to nature, lucid and unconstrained; their brief deductions are striking and just; they advance direct to the mark. Hence, though there is not so much to praise in their general therapeutics, their special therapeutics are excellent. In estimating English medicine, one has no pathological doctrines to elucidate as in France; but one has to enumerate more therapeutical means, at the head of which stand mercury, purgatives, and the abstraction of blood. The reason generally assigned for the adoption of particular remedies in a given instance is, that as they have done good in similar cases, they may be expected to do good in this also."

\* Erinnerung aus England. Braunschweig, 1842.

As far as regards the ultimate object of medicine, viz. the restoration of the sick, there can be no doubt that close observation of the effects of remedies, and their consequently judicious application, is the most likely means of attaining this object ; and in this respect, notwithstanding the size of their pharmacopæ, and the published formularies of prescriptions, the French practice is deficient ; the number of the pharmaceutical means to which recourse is had in the French hospitals being for the most part very limited ; and if we except those who are engaged in experimenting upon particular methods of treatment, the practice of men professing opposite opinions does not vary so much as might be expected from a perusal of their works. An extemporaneously pharmaceutical combination of drugs is not frequently prescribed, the remedies being mostly of a simple nature ; and (except the difference in regard to the amount of sanguineous depletion) tisanes or decoctions of simple herbs, mucilaginous and sweetened beverages, mineral waters, tepid baths, and enemata, are the means mostly used in the great majority of cases ; though the number of practitioners who adhere to expectant measures in the treatment of disease is now extremely small, and the exclusive Broussaists may be said to be extinct, notwithstanding a large number of practitioners are still inclined to the principles of that doctrine as regards the localization of fevers, and the inflammatory nature of several diseases which are not considered so elsewhere.

The leading feature of the Broussaian doctrine was, as is pretty generally known, the reference of continued fever to a local origin. This was considered to be inflammation in a greater or less degree of the mucous membrane of the stomach and bowels, which was likewise supposed to be present in the greater number of acute, and in several chronic diseases ; hence the practice mainly consisted in the



avoidance of all stimulants, tonics, purgatives, or any substance likely to irritate this membrane, and in the employment of abstinence, or liquid farinaceous diet, occasional bloodletting, the repeated application of leeches to the abdomen, and the administration of acidulated or mucilaginous drinks. During the full prevalence of this doctrine, though a good deal in Paris, I never met with a single convert among the numerous English and other foreigners with whom I was acquainted; and notwithstanding the remarks in foreign medical journals, such was the almost general infatuation, that it continued to bear sway for many years. At present, however, it is pretty evident even to some of those who were among its warmest advocates, that the inflammatory lesions met with in fever are more frequently effects than causes; this treatment is consequently no longer adopted; but remedies formerly altogether proscribed, have been of late years pretty freely used, and have tended to allay the apprehensions of gastro-enterite, which were formerly entertained, and to diminish, in a marked manner, the mortality among the patients.

From what I had observed I stated formerly my opinion, that the enlargement of the intestinal glands and the ulcerations met with in those who succumbed to typhoid fevers, were not unfrequently determined by the presence of fecal matter, which was the cause of their being more frequent in certain portions of the digestive canal. In many autopsic examinations made in England, and especially in Ireland, where aperients are pretty generally employed at the outset of the disease, these lesions are not so frequently met with: whereas in persons subjected to the French mode of treatment, by sanguineous depletion, gum water, and lavements, which merely empty the large intestines, they were almost constantly present, and always in greater number near the ilco-cæcal valve, which is the part where fecal matter is most usually accumulated. M. Lombard, of Geneva, who visited

London and Dublin, states, that he found these lesions as constant in Ireland as in France, but from the account of some cases published not long ago in the *Dublin Medical Journal*, it appears that he only saw the post-mortem examination of two or three cases of typhoid fever, in which there was no abnormal condition of the intestinal canal. Since aperients have been given more frequently in typhoid fevers in the Paris hospitals, the mortality among the patients has considerably diminished, and I have little doubt that in those who succumb after purgation at an early period, the intestinal lesions would be less frequently met with. The fear of exciting inflammation in the stomach and bowels, still, however, acts as a bugbear with some French practitioners, especially surgeons, in preventing the employment of many remedies from which advantage is daily derived in England; notwithstanding experience has shown that they might be borne without inconvenience by French patients.

The great opportunities afforded for the study of pathological anatomy, and the numerous valuable works which exist on the subject, bear testimony to the zeal with which this important branch of medical knowledge has been cultivated by the French, who by this means have been able to arrive at a much greater accuracy of diagnosis in several diseases, than the majority of the profession on this side the Channel. Of late years, however, there has been no lack of zealous cultivators of morbid anatomy in England, and the labours of Abercrombie, Bright, Carswell, Hodgkin, Hope, and of many others who might be enumerated, have tended as much to the elucidation of disease as those of continental pathologists, while they have contributed more to improve its treatment; and as regards the morbid anatomy of surgical diseases, the English may be considered greatly in advance, of which the numerous and rich pathological museums in the metropolis and in the

provinces afford abundant proof: whereas in France it is seldom that the specimens of morbid structure are preserved, and before the foundation of the Musée Dupuytren, there was no pathological museum in Paris wherein alterations from healthy structure might be studied. Indeed, pathological anatomy would appear to be studied in France almost exclusively with reference to diagnosis; for, notwithstanding its advanced state, a corresponding improvement has not taken place in the treatment of disease, which may, in my opinion, be in great measure accounted for by the circumstances that the early signs are not sufficiently attended to: post-mortem lesions, the effects of disease, are often mistaken for its cause; and also that a too invariably line of practice is adopted against diseases abstractedly, due attention not being paid to the various modifications the same disease may present in different persons; the patient's constitution, strength, and other peculiarities not being sufficiently taken into account. Thus, (in an acute disease,) one practitioner will treat all his patients by bleeding; another will have recourse to purgatives; a third will perhaps employ antimony; a fourth will adopt the *médecine expectante*: whereas the English practitioner has recourse to a combination of measures at the outset. In this way he may find it expedient at the same time to abstract blood, administer an aperient, and also medicine at stated intervals, to act upon the skin; and in many cases will find at his next visit the progress of the disease to be effectually checked. The practitioner who trusts exclusively to bleeding, may also very possibly find his patient materially better the next day; but it is seldom the course of acute disease will be arrested by a single bleeding when not seconded by other measures than gum water and a lavement; he is therefore obliged to repeat it as often as there should be any increase in the symptoms. Hence vascular depletion, general and local, is more re-



sorted to and repeated oftener in France than in England, its frequent use and repetition being rendered the more necessary from its not being seconded by medicines, which increase the secretions, and which in their effects, though often equivalent to the abstraction of blood, yet do not induce so much consequent debility: remedies of this kind, especially aperients, have moreover the advantage of procuring the removal of noxious matters, and thereby relieving the system of a powerful cause of the febrile reaction and nervous irritability which so frequently supervene upon loss of blood, and which are too often mistaken for a condition requiring further depletion; so that where bleeding has been repeatedly employed, if the progress of the disease be not stopped at the outset, the powers of the patient are too much reduced to contend against it, and he has in the more favourable cases to support a tedious convalescence, being not unfrequently rendered extremely liable to the occurrence of organic disease at no distant period.

I find these remarks corroborated by others, who more strongly express themselves with respect to the inefficiency of French practice as contrasted with the general excellence of the diagnosis. Dr. Mühry says: "One may here see the chief fault of French medicine; it adopts a remedy for a disease, and attending but little to the individuality of the case, appears frequently not to perceive the reason why it is prejudicial or beneficial. The Frenchman sees the isolated fact, but seldom remarks its relation to the general condition. An idea which wholly occupies him is too invariably acted upon, and is but little modified by the peculiarities of individual cases. The French labour more to combat the abstract disease, than for the restoration of the individual. Absorbed by a localisation, they overlook the general condition of the body. One frequently sees still more blood abstracted in cases where one might

with greater propriety have recourse to measures to relieve the general constitutional debility.

“We may, therefore, come to the conclusion, that French medicine, as regards pathology and diagnosis, is excellent; but that with respect to therapeutics, it is behindhand. It neglects the end for the means, and in fulfilling the end has the disease more in view than the patient.”

This was written about five years ago; but another German author, who published last year a Comparative View of the Medical Schools of Paris and Vienna, says: “The observations of cases are taken with all the minuteness and circumspection that may be expected, when one seeks to excel in readiness of diagnosis. This appears to be the object of all the Frenchman’s investigations, the groundwork of all his ideas. This modifies not only the whole character of the works proceeding from hospital physicians, but also their end and aim. All is referred to the account of the hospital. Of what importance are therapeutics to the Frenchman? for pathological anatomy has taught him that the majority of diseases are incurable, and his fame depends not upon diminished lists of mortality, but upon a correctly delivered diagnosis. The elucidation of the phenomena of disease by post-mortem examination is the problem for his philosophy, and seems to him to redound the most to his honour. When anything is done for therapeutics, it is still a hospital therapeutics—the employment of heroic measures without individualisation, for the most part in strong doses, and generally in invariable formulæ. If they do no good, they at least do harm; so that science is still a gainer by them.”\*

The above observations which I have made and quoted must not, however, be considered universally applicable, some Parisian physicians being no less

\* Dr. Wunderlich. Wien und Paris. Stuttgard, 1841.

distinguished for the proper adaptation of measures to suit the varying phases of disease, than for the correctness of their diagnosis; and even within the last two years a general improvement in practice is manifest, to which the recent progress of animal chemistry and chemical pathology, as well as a better acquaintance with what takes place in other countries, have greatly contributed. Great attention has of late years been attracted in France, as well as in other countries, to the condition of the blood in different diseases, and the secretions are very commonly chemically examined at the bedside; and the action of particular remedies is more studied. In similar investigations, some French hospital physicians are among the foremost, as they were likewise with reference to auscultation and percussion, which even at the present day are but little attended to or known in England by the great body of practitioners: thoracic diseases, and especially disease of the heart, are therefore in general better understood and less empirically treated in France than in England, notwithstanding the labours of Forbes, Hope, Williams, Davies, and others in this department. Here, again, the plan of education is at fault, and the too prevailing indifference to aught beyond the sphere of routine is unfavourably contrasted with the private courses on this and other special departments, which are given in Paris by *internes*, or *chefs de clinique*. The importance of these essential aids in the formation of a correct diagnosis, cannot fail to be more appreciated as a knowledge of them becomes more extensively diffused. It is true that long observation and practice are requisite to enable one to define accurately the more minute varieties of structural change; and even the most experienced may be led into error, if the general symptoms be not sufficiently taken into account. This, however, is no argument against the study of auscultation and percussion being urged upon pupils following the



practice of public institutions, especially as the patients need not be subjected to much inconvenience, and the principal diagnostic signs furnished by these means may be learned in a short time.

To revert for a moment to the experimental treatment of typhoid fevers. Of the instances that fell under my observation, the majority of those patients treated by depletion, in whom recovery took place, were for the most part individuals who were able to support the loss of blood without much inconvenience, in whom the more aggravated symptoms were absent, and they would in all probability have recovered equally well, if not more rapidly, by the employment of less energetic measures. Many recoveries were also formerly attributed to the chlorurets; but no marked benefit appeared to me to be produced by them. More successful results were said to be obtained by the purgative treatment than by the other exclusive methods. A hundred and thirty-four cases, treated by purgatives, (chiefly saline, as Seidlitz water,) at the Hôtel-Dieu, produced the following results: sixty-nine of simple fever—all cured; forty-nine of adynamic fever—thirty-nine cured, ten died; sixteen of ataxic fever—seven cured, nine died;—making nineteen deaths in the whole. On considering the above result, it will be pretty evident that had purgatives been less exclusively employed in the adynamic and ataxic varieties, in which they are but rarely indicated, the proportion of fatal cases would have been smaller. In fact, as I have before observed, the principal error of many French physicians is, that the remedies are not sufficiently varied in the different stages of disease, according to special indications; and how different soever may be the exclusive methods of treatment, each practitioner will publish tables of the results of cases, as illustrating the superior efficacy of his peculiar practice.

And this leads me to say a few words as to the applicability of statistics, or the numerical method,

to diseases, of which so much has been said and written of late. There is no question that statistics, properly drawn up, would be highly serviceable to medicine, were the conditions requisite for accuracy always observed. In a disease, the characters of which are invariable, as, for instance, hydrocele, pertussis, or painters' colic, the same remedy may be advantageously employed in different cases, and there would be little difficulty in ascertaining the comparative value of various methods of treatment; but it stands to reason that in complicated cases of fever or internal inflammation, the phases of which vary so materially in different individuals, and even in the same individual at different times, the treatment must be varied to meet existing indications, (in the accurate perception of which consists the superior skill of the practitioner); and although a certain degree of success may attend the empirical adoption of any one method in all cases, as bleeding or purgation, without any other change than in the dose, according as the patient is more or less able to bear it; yet it needs no force of argument to show that a treatment adapted to the positive indications in individual instances must be more universally successful; and, besides, it would require a large number of cases, described accurately and free from bias, in order to determine even in the simpler cases which treatment would be most generally applicable. From the absence of these conditions of correct statistical returns we have seen, in the conflicting statements of practitioners who have treated the same disease by opposite methods, that each has laboured to prove that his plan is superior to the others, by arranging in a tabular form the names of the diseases, and the results stated to have been obtained. As Dr. Wunderlich observes with reference to this subject—"All depends upon the mode in which the cases are described. The tables of Andral and Louis are the most exact in the details given, and upon

this depends all their value. Their followers, however, have managed matters with a different object in view, viz. that of the convenience of arriving at particular results: the minute and exact description of the cases would seem with them to be merely an accessory condition: their aim seems to be exactness in adding up, which, as Risueno says in his work, is attainable by the most limited intellects; and this is its chief title to the admiration of the multitude."

Again, the same author remarks—"If mere statistical tables are given, who is to guarantee their correctness? The method might at best have reference to the doctrine of symptoms: and in this light was it regarded by the founders of statistics. If it be admitted that the numerical method have any constant value for the right comprehension of the propositions, as regards the diagnostical and prognostical signification of some phenomena, it is certainly useless and even prejudicial as regards the solution of pathological and therapeutical problems. There are always in pathological questions dissimilar and complicated circumstances, which require to be taken into account; and the same name under which a number of cases are collected, covers as with a veil the endless modifications which occur in each individual instance, and which after all are the principal thing to be considered. When I saw a French physician divide his cases of typhoid fever into three classes, and employ categorically, without discrimination, whatever the consequences, unto the end,—in the one class, bleeding; in the second, purgatives; and in the third, nothing;—I could not but think that we still live in a barbarous age, like that when condemned criminals were given up to operations to serve for physiological investigations. It is true, medicine should have natural philosophy in view, but its aim should be to the physician, loftier and more holy than that of the entomologist, who pitilessly runs the pin through his beetles. But setting aside



its inhumanity, this conduct is productive of no results, except perhaps that of showing how far the experimenter has forgotten all rational views of diseases and of their treatment. Thus, from these considerations, statistics should only be applied with great circumspection; its limits should be restricted within narrow bounds as regards the practice of medicine; and those only who are certain of their diagnostical skill, whose researches are founded upon extensive experience, should occupy themselves with it. That it has been able to extend itself so perniciously into French medicine, may serve as a warning to us."

In another part of his work, Dr. Wunderlich says, on comparing French with German medicine,—“A very slight view of French practice will serve to exhibit two opposite appearances, viz. the employment of highly heroical means in strong doses, often carried on in an experimental manner; and that of inefficient tisanes, or of exceptionally mild and external measures. The medicinal means which most of our practitioners employ are neglected, and many French physicians have not even a conception of the mode of action of a great many of our remedie. The German neglects the individualisation as regards diagnosis—the Frenchman as regards therapeutics. Hence all his individualising is useless to the German with reference to the treatment, because he did not previously individualise with reference to the diagnosis; because he only sees through its means the abstract disease: whereas the Frenchman loses the advantage which he might otherwise have over us from his individualising diagnosis, inasmuch as he forgets or overlooks the acquired results, as far as therapeutics are concerned.”\*

The British physician may be considered as approaching nearer to the *juste milieu* between the

\* Paris und Wien.

German on the one hand, and the French on the other, with respect to the more proper individualisation of diagnostic signs, and their application to therapeutics; this being the end which all our most distinguished pathologists have ever had in view in their investigations, and in estimating the labours of foreigners. It must, however, be confessed that the bulk of the profession in England are behindhand compared with France as respects the study of diagnosis in several diseases, and that many are too apt to prescribe for mere symptoms without sufficiently referring to their origin.

The apprehension of gastro-enterite some years ago probably gave rise in France to the plan of introducing medicines into the system by an abraded or blistered surface on the skin, or what is termed the *methode endermique*, which was only adopted in a few isolated instances in England and Germany, and at the present day is not often employed even in France. It is obvious that this method is only applicable when the substances to be introduced are small in quantity, or exist in the concentrated state, as strychnine, digitalis, the salts of morphia, &c. Medicines so administered are said to be as efficacious as when taken into the stomach, and the plan might be adopted in preference, in cases where, from irritability of this viscus, substances introduced by the mouth are with difficulty retained, or where the object is to act upon the nerves of a part, as in neuralgic affections, &c.

The practice of abstracting blood, and applying irritants, at a considerable distance from the seat of disease, as followed upon the continent, on the principle of revulsion, might be more frequently adopted with advantage in England, especially in complaints dependent upon cerebral congestion or irritation: these cases being often singularly benefited by a small bleeding from the ankle, a few leeches to the thighs or anus, blisters to the legs, sinapisms

to the feet, &c. The same may be said of lavements, which are too little used in English practice, though the objections to their employment have of late years been less strongly manifested by patients.

Emetics, which are too much neglected in England, are more freely employed on the continent, especially in Germany.

In many parts of Germany, it appears to me that a too free use is made of stimulants, as ammonia, in acute disease. Valerian is also a remedy which is pretty general, but which with us has a very limited application, and mostly in chronic nervous affections. In pulmonic inflammation, likewise, counter-irritation by blisters, or mustard poultices to the chest, is frequently made, in Germany, to supersede the abstraction of blood, even in acute cases. Though I cannot say that I have seen any directly prejudicial consequences result from this, yet there is no doubt that by previous venesection the disease would be more effectually checked, and the recovery would be more speedy, with less risk of ulterior consequences. In fact, there is too great an indisposition in Germany, and even more in private than in hospital practice, to have recourse to active measures at the outset of acute disease, such as are usually employed in England, viz. venesection, repeated if necessary, purgatives, and diaphoretics: patients, consequently, remain longer under treatment, and the convalescence is protracted. Some remedies, which have a specific effect in certain diseases, as colchicum in rheumatic and gouty affections, are comparatively seldom employed in Germany, France, or Italy.

The practice of taking notes of cases, both in hospitals and in private, is much less common in Germany than in France or England, and the cases are frequently not described with the necessary detail and clearness. Dr. Wunderlich, in alluding to this deficiency, says,—“Our medical literature does not derive much from good hospital observations, and



scarcely refers to them. The more theoretical writers with us set themselves a high aim in view, and their productions are for the most part of great importance; but inasmuch as they are not sufficiently supported by facts, an inward emptiness is commonly remarked in them. They do not impose upon the public, and fall to the ground without any further trace."

In the treatment of chronic disease, hygienic measures, simple infusions of herbs, and mineral waters, are greatly used on the continent: compound medicines, stimulants, tonics, purgatives, sedatives, mercurials, &c., being seldom employed in France and Italy, in comparison with the English practice in this respect. No doubt, active medicines are too freely given in England in many cases of chronic disease, and it will be admitted by those in extensive practice, that great and irreparable injury has been frequently caused by the indiscriminate use of mercury, especially in nervous and dyspeptic cases. Many persons have thus acquired the habit of dosing themselves or their children with active medicines on every trivial deviation from a state of health, and this is especially prejudicial in weakly individuals. For those, however, of a full habit, and accustomed to the free use of animal food or of a complicated diet, active medicines are not unfrequently required, even though their repetition may be on the whole prejudicial, especially where the persons cannot be induced to give up some of their accustomed enjoyments. In many parts of the continent, where the diet is lighter, the air less humid and clearer, and the mode of life is different, medicines are more active; and the aperient dose, which would produce little effect in England, will not unfrequently act powerfully on the same person abroad.

Of late, however, there has been a considerable change with respect to the system of active medication in chronic disease, especially among the upper

classes, to which our free intercourse with the continent has mainly contributed; and in this manner homœopathy has rendered some service: recourse is also more frequently had to mineral waters, to which I (in common with two or three others) have more particularly endeavoured to direct the attention of the profession and the public, as the most efficient means in the treatment of many chronic complaints.

Baths, again, which are constantly used on the continent, are but seldom resorted to in England, as a remedial measure, particularly among the lower classes, for whom there is little or no provision, as regards this important means of therapeutics. Although I cannot say much of the advantage of tepid bathing in febrile and inflammatory diseases, I have no hesitation in stating, that the more general use of baths in chronic complaints, particularly in derangement of the digestive passages, and in nervous diseases, co-existing with such derangement, would be highly beneficial in alleviating the symptoms, and shortening the duration of these affections. I have no doubt that the tendency to these complaints, as well as to bronchial irritation and rheumatism, would be lessened, if persons in health were accustomed to regulate the functions of the skin by this means more frequently than is generally the case. Notwithstanding the numerical disproportion of its inhabitants, and greater density of its atmosphere, London possesses fewer bathing establishments than perhaps any other large metropolis. The influence exerted by mineralized baths in the removal of many long standing chronic affections, is duly appreciated upon the continent, though as yet but little known in England; but as I have treated of this subject in a separate work, it is not my intention to enter upon its consideration in this place.

The following are some conclusions at which Dr.

Mühry arrives in his estimate of German, French, and English practice.

“The Germans are unquestionably the foremost with respect to the organization of the universities and schools in medical police and jurisprudence, in obstetricity and ophthalmology.

“The French and English are less acquainted than the Germans with foreign scientific matters. German medicine is known somewhat better in England than in France. The English have for German medicine a certain degree of vague respect, more especially because they are unwilling to judge of a matter of which they have not a full knowledge. In Germany, we seek to illustrate afterwards by hospital practice the lectures which are delivered in the universities. In England, hospital practice forms the ground-work of the lectures. A French physician thinks more of the disease than of the patient; an English physician thinks more of a similar case from his own experience, than of the actual one. The French generalise the patients, the English individualise the disease.”

In several points connected with the treatment of surgical disease, there exists a material difference between England and the continent. The most prominent of these consists in the comparative absence of internal treatment in most surgical cases abroad, by which surgery is reduced to little more than the application of dressings and the performance of operations. There are some exceptions, to which I have referred; but in general, in France and Italy, scarcely any medicine is given in surgical diseases, the means of relief being principally restricted to rest, the general and local abstraction of blood, local applications, including counter-irritants, and lastly, operations, which are often performed in cases where their necessity would be obviated in England by the timely adoption of measures influencing the progress of local disease by their action



on the system. The advantages of having recourse to general measures, in order to cure or mitigate local disease, as clearly exposed in the work of Mr. Abernethy,\* are confirmed by daily experience. Among these measures I may mention the attention paid to regulating the functions of the digestive organs, the use of laxative, tonic, sedative, and alterative remedies, of mercury, iodine, alkalies, and the various pharmaceutical combinations, (as, for instance, the *confectio piperis nigri*, in some cases of fistula ani.) These means are found to influence, in a remarkable manner, the course of various local diseases, especially chronic inflammation in various textures, cachectic affections, ulcers, tumours of the breast and other parts; diseases of the joints, of the testicles, of the eyes, of the bones and periosteum, many nervous affections; the constitutional irritation supervening on accidents and operations, or occurring during the progress of disease, as of stone in the bladder, &c.

The arguments which have been advanced against the employment of internal medicines, viz. their liability to derange the general health, and to produce morbid irritation of the alimentary canal, can only apply to the abuse, and not to the proper use of remedies, and consequently do not require refutation.

With respect to mercury, its action on the capillary system of vessels, and consequent effects in controlling inflammatory disease, do not appear to be known, or, if known, are not appreciated by the majority of continental practitioners. Calomel is generally considered merely as a purgative, and is occasionally administered as such. Several influential Parisian practitioners have, however, latterly become more sensible of the value of this remedy in local disease. M. Biett employed it in many cutaneous complaints; M. Sanson was also in the habit

\* On the Constitutional Origin and Treatment of Local Diseases.

of employing it in small doses, frequently repeated, in some diseases of the eyes.

In the remarks which I formerly published, I stated that patients who died in continental hospitals after accidents or operations, usually succumbed to causes which a better regulated treatment would in many cases prevent or remove: more recent observation has not inclined me to alter this opinion, though the exceptions are at the present day more numerous. In these cases the general treatment chiefly resolves itself into abstinence for a long period, venesection, the topical abstraction of blood, the exhibition of emollient or sweetened tisane, and an occasional enema. It is a common circumstance to see patients labouring under serious disease, and after accidents and operations, in whom there has been no action of the bowels for six, eight, ten, or even more days; and I have no hesitation in stating, that I have repeatedly seen patients die from nervous irritation and internal inflammations, arising apparently from no other causes than prolonged abstinence from food, and a constipated state of the bowels. The apprehension of gastro-enteritic irritation is still urged by some as the reason for the non-employment of laxatives in these cases, the circumstance appearing to be overlooked, that the arrest of secretion from the bowels, and the continued presence of excremental matter, would tend more surely to induce fever and inflammation, both as a direct cause of irritation, and from the absorption of noxious particles. Sir A. Cooper says, with reference to this subject, in his lectures, "A deficiency of secretion in the alimentary canal is the cause of a great number of diseases; the internal surface of the intestines is strewed with glands; the intestines themselves are about twenty-seven feet in length: there are consequently nearly a thousand inches of surface, from which a continual secretion takes place in the state of health. What, then, must be

the results, if so extensive a secreting surface be allowed to remain inactive? Certainly the production and continuation of irritation and fever." Even when the irritation produced by constipation becomes evidenced by pain and diarrhœa, the employment of a laxative which would relieve the bowels from the cause of these symptoms, is considered in Paris to be more strongly contra-indicated.

In M. Roux's *paraliel* between French and English surgery, the English are accused of not paying sufficient attention to the preparation of patients by diet, medicine, &c., previous to the performance of operations; and the accusation is re-echoed by M. Baumés. This is one of the many erroneous conclusions at which M. Roux arrived; and I have no doubt that, had the period of his visit been longer, many of his statements with respect to English surgery would have been altered. Certainly at the present time English surgeons cannot be accused of underrating the importance of preparatory measures: much more care is taken in England than in any part of the continent which I have visited, to ascertain, previous to the performance of an operation, whether the patient be in a fit state with respect to his general health and freedom from visceral disease, to undergo it with a likelihood of advantage.

The healing of wounds and stumps by granulation was, till within these few years, pretty general in France; but the incontestable advantages of union by the first intention are now almost universally recognized. After operations, however, even partial union by the first intention mostly fails to take place, which is not to be wondered at, as the strict abstinence to which patients are subjected, and the enormous quantity of charpie and compresses with which wounds are dressed, are more likely to favour suppuration than to prevent its occurrence. In some parts, as Montpellier, where the



method of uniting by suture, and the application of light dressings obtain, primary union very commonly takes place. This object is further promoted in England by the custom of applying cold lotions, which soak through the dressings, and prevent an undue degree of heat of the part.

Arteries are now tied on the same principles on the continent as in England, a single ligature being applied, and ligatures of reserve discarded. In some parts of the south, however, Scarpa's method is still preferred. In operating for popliteal aneurism, Hunter's method is generally adopted. M. Velpeau, in his "*Médecine Opératoire*," ascribes the invention of this operation to Anel, who tied the vessel between the aneurism and the heart several years before Hunter. The principle of Anel's operation and Hunter's is, however, essentially different. The former tied the vessel close to the tumour, whereas Hunter placed the ligature at a *considerable distance from the aneurism*, where the artery was more likely to be in a healthy condition; not so much with the view of preventing altogether the passage of blood into the tumour, for he was aware this must occur in many instances by means of the anastomosing vessels, but chiefly in order to prevent the impetus of the heart's action being transmitted to the aneurismal sac, and consequently to remove the principal impediment to its obliteration. The torsion of arteries, respecting which a good deal was at one time said, was never adopted in England, and is now but little employed, even in France; it would be applicable with safety only to small vessels, and even in these instances would have but little advantage over the ligature.

The principles by which the treatment of fractures is conducted, is very similar in England and on the continent, though certain localities have particular methods to which I have referred. Fractures of the leg are usually placed in an apparatus

resembling the junk of the London hospitals, the limb being in the extended position. In compound fractures, however, too much motion between the fractured ends takes place in many parts of the continent, from the apparatus being too loosely applied, and the foot not sufficiently supported, particularly during the dressing. Fractures of the thigh are also treated abroad for the most part in the extended position, by Dessault's apparatus, or splints, extending the whole length of the limb on either side. When the fracture is near the neck of the bone, the double inclined plane is usually preferred. Most French surgeons are of opinion, that fractures of the neck of the bone within the capsule are capable of osseous union; a preparation in the museum of the *Ecole de Médecine* tends to corroborate this opinion; and I latterly saw another specimen in the museum at Leyden. Fractures of the upper extremity, which in England are seldom kept long in the hospitals, unless when complicated, are not unfrequently treated abroad by rest in bed, and by position. M. Roux inferred, from having seen two cases of ununited fracture in London, the frequent occurrence of these fractures. At present, however, it is seldom that cases of false articulation are met with, even in the humerus, where non-union occurs more readily than in the other bones; most probably from the circumstance, that as these patients are not confined to bed in England, the fracture is not treated in the horizontal position; the weight of the lower part of the limb consequently tends to separate the fractured ends of the bone, unless care be taken to counteract this cause, by giving due support to the elbow.

With respect to the immoveable apparatus, composed of a junk and dressings, varnished over so as to exclude the air, as applied by Baron Larrey to compound fractures, and allowed to remain until consolidation was effected, the results, when it was

tried in other Parisian hospitals, were not such as to lead to its adoption; though the mode of treatment by bandages, stiffened after being applied, by solution of starch, dextrine, or white of egg, is now becoming pretty general in cases of simple fracture, and in the lower extremity answers as well as Amesbury's apparatus, or the iron splint used in the North London Hospital, in enabling patients to get about on crutches during the period of treatment.

In France and Italy much time is not often consumed in attempting to reduce strangulated hernia, the operation being almost immediately resorted to after the failure of the taxis. A large proportion of these cases do well, but inflammation is not unfrequently induced by the neglect of measures to obtain alvine evacuations. Were the early performance of the operation combined with the English mode of after-treatment, the number of unsuccessful cases would be extremely limited. English and German patients, who die from strangulated hernia, usually succumb in consequence of the length of time lost in the employment of various means in succession before the constriction is removed. Although these means effect a reduction in many cases, the inflammation generally runs high, and when they fail, the chances of success are much diminished. It is therefore better, when the symptoms are urgent, that an operation, not in itself so dangerous, should be performed, even in some cases where it might perhaps be obviated, than that it should only be resorted to as a last resource, and delayed till the probabilities of success are materially lessened.

Flap amputations are less frequently performed in France than a few years ago; amputations in the articulations are, however, more frequent than in England. M. Dupuytren used to amputate the thigh and arm by a circular incision at once through the skin and muscles down to the bone; the trac-



tion effected by the assistant, and the greater retraction of the superficial muscles gave to the part the form of a cone: the operator then made another circular incision at the base of this cone, and on a level with the cut surface of the skin, by which the projecting flesh was divided, and the bone sawn through higher up than could be effected by the usual method. This operation has subsequently been advantageously modified, by first dividing the skin, and the cellular bands which unite it to the adjacent muscles; and it appears to me to offer greater advantages than the ordinary mode of circular amputation. It must be observed, however, that the femoral artery is compressed by an assistant, as the tourniquet would have the effect of preventing, in great measure, the efficient retraction of the muscles. The mode in which stumps are dressed in Parisian hospitals is peculiarly calculated to produce febrile re-action, and prevent primary union. The edges of the wound being maintained in contact with strips of adhesive plaster, the stump is covered with a perforated rag smeared with cerate, over which three or four thick compresses of charpie are applied; and over these again linen compresses and bandages. From this mode of dressing, the low diet on which patients are long kept, and from the want of attention to obviate constipation, a large proportion of amputations are unsuccessful.

After the extirpation of the testicle in France, a quantity of charpie is still placed in the wound by some surgeons, union by the first intention not being attempted, as in England, by sutures and adhesive plaster. It is true that union could not be expected throughout the whole extent of the wound, but partial union takes place, and the cure is more accelerated, than when it is procured by granulation, without inducing the constitutional disturbance which not unfrequently supervenes upon this method.

Stone is less common in Germany than in France and England: where lithotomy is required, the lateral operation is usually performed as in England, though lithotrity is now becoming more general, particularly at Berlin and Vienna. In France, the bistouri *caché* supersedes the cutting gorget. Of late years, however, the bi-lateral operation has been frequently performed, with successful results. This operation is comparatively unknown in England, and has never, I believe, been performed on the living subject, though it might be advantageously adopted in some cases. I formerly gave some demonstrations of this operation, in conjunction with those on lithotrity, in London, and some of the larger towns. The principal advantages which it possesses over the lateral operation are, that the incisions are made at the widest part of the inferior aperture of the pelvis, the chances of dividing important vessels are diminished, and the prostate gland being divided to an equal extent on either side of the urethra by the double bistouri *caché*, admits of the extraction of large calculi without the incision passing its circumference. The chief disadvantage is, the danger of wounding the rectum, which, however, may easily be averted by the operator depressing the part with the fore-finger of his left hand in the wound.

Lithotrity, however, which supersedes lithotomy in many cases, is now better appreciated in England. In children, lithotomy must, however, still be the operation *par excellence*. The hardness of the calculus, as also its large size, are objections to its employment. In many old persons, labouring under enlargement of the prostate, the difficulties of lithotrity are increased, and the success less probable, in consequence of the retention of the fragments of the stone. Indeed this circumstance, and the lodging of fragments in the prostatic portion of the urethra, constitute two of the chief drawbacks on lithotrity; the applicability of which to particular cases, as com-

pared with lithotomy, I have considered at some length in the Jacksonian Prize Essay for 1838.\* The method of perforation, as originally practised by M. Civiale, is now exploded, and that by which pressure may be combined with percussion is generally adopted. These operations are now so greatly simplified as to be easy of performance, and the complicated apparatus formerly considered indispensable is now dispensed with.

Strictures of the urethra are treated in most continental hospitals by rest in bed, a catheter or bougie being kept in the bladder, and its size increased by degrees. The flexible conical bougies are the most used. The forced catheterism with metallic instruments is now rarely practised. In cases of retention of urine, where great difficulty existed in introducing a catheter, it was the custom of M. Dupuytren not to persevere in the attempt, but to adopt antiphlogistic measures, to pass a bougie as far as the impediment, and fix it there. At the expiration of a short period an abundant mucous secretion was produced, and the bougie could be passed somewhat further. It was again fixed in its new position, and thus proceeding by degrees, did not fail to arrive at the bladder.

In the treatment of burns and scalds, stimulating applications are less used on the continent than in England; where, no doubt, harm is often done by these being continued after suppuration has been established. As an inflammatory state of the digestive passages is generally found to co-exist with severe burns, sanguineous depletion is resorted to, opium being exhibited, and emollient dressings or cataplasms applied. The application of ice to the head is strongly recommended, whatever be the seat of the injury. This remedy is said to cause a speedy

\* On the Comparative Advantages of Lithotomy and Lithotrity, and on the circumstances under which one method should be preferred to the other. Churchill, Princes Street.



cessation of the pain, and to prevent the supervention of cerebral symptoms. It need not be continued for more than an hour or two, and should be discontinued when the pain has ceased.

Cold applications are less frequently used in France and Italy than in England. On the other hand, the agency of heat is much more frequently had recourse to, and the actual cautery is not unfrequently applied. Baron Larrey employed this remedy in some forms of erysipelas, to which in England cold lotions are considered a fitting application.

Hemorrhoidal tumours and fistula ani, which are often cured in England by internal remedies, are operated in France and Italy, excision in the former complaint being oftener used than the ligature, which is most frequent with us. After the operation, if there be hemorrhage, it is arrested by touching the part with the actual cautery.

The treatment of diseases of the articulations is better in England than in other parts. The generic term *white swelling* is scarcely ever heard in the London hospitals, but the actual pathological condition of the part is more accurately defined. The remedies most frequently used with us, which produce an amelioration of the local disease by their constitutional action, are but little employed abroad. In Germany and Holland, the cod-liver oil, which is but little known in England, is not unfrequently exhibited in affections of the joints, connected with a scrofulous diathesis.

Ulcers of the inferior extremities, which are for the most part treated in England, without confining the patient, by adhesive strapping and bandages, with appropriate internal remedies, are usually treated abroad by rest in the recumbent position, simple dressings, and cataplasms.

Uterine disease is better understood, and the treatment is less empirical, in France than in England or Germany, where the strong objection to ocular and

manual examination too often prevents patients from being effectually relieved, and thus in some more severe cases the nature of the disease becomes evident only when too late to be remedied. It appears to me that these diseases, as well as some others which supervene upon difficult parturition, are more prevalent in France than in England, though it may be that they are only less concealed.

A mercurial course is pretty generally adopted in syphilitic diseases in England as well as in France and Germany. The use of mercury was formerly carried with us to a pernicious extent, which was, doubtless, the reason why so many more severe cases were met with than since the employment of this remedy has been more restricted, for which the public were in great measure indebted to Mr. Rose, who demonstrated that all ulcers of the genitals were curable without mercury; and in those places where this agent is altogether excluded from the treatment, as in the Charité at Berlin, severe secondary symptoms are of rare occurrence. The combination of mercury with iodine is found to be more advantageous in many cases than when it is exhibited alone, and is very generally recommended by M. Ricord in Paris.

As regards diseases of the eyes, England can scarcely be said to be inferior to Germany at the present day; though English practitioners do not adopt all the subdivisions of ophthalmia of the Germans. In Paris these diseases are for the most part treated exclusively by local applications, constitutional measures being seldom resorted to.

THE END.

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